

U. M. C. W.



CITY OF DURBAN

Annual Report

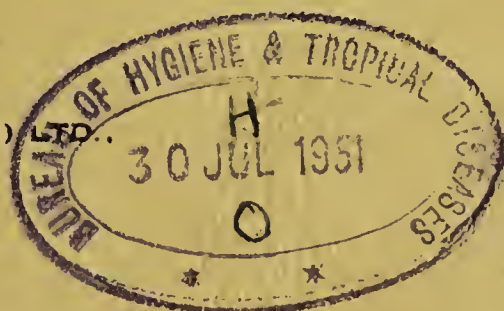
OF

CITY MEDICAL OFFICER

OF HEALTH

YEAR ENDING 30th JUNE, 1950.

HAYNE & GIBSON (PTY) LTD.
DURBAN



CITY HEALTH DEPARTMENT.

1st August, 1950.

TO HIS WORSHIP THE MAYOR AND

CITY COUNCILLORS OF THE CITY OF DURBAN.

LADIES AND GENTLEMEN,

I have the honour to present the forty-eighth Annual Report of the activities of the City Health Department during the year ending 30th June, 1950.

CLIMATIC DATA : Latitude 30 degrees : Longitude 31 degrees.

TEMPERATURE : (Statistics kindly supplied by the City and Water Engineer).

	MAXIMUM TEMPERATURES			MINIMUM TEMPERATURES			HUMIDITY			Rain-fall	No. of days on which rain fell
	Max.	Min.	Mean	Max.	Min.	Mean	Max.	Min.	Mean		
1949 :											
July	79	69	72·9	60	49	53·23	68	46	59·00	0·14	3
August	83	65	74·61	64	54	58·4	75	45	60·70	1·33	7
September...	102	59	75·61	69	55	62·19	79	53	65·73	2·58	11
October	83	70	75·77	69	59	63·6	81	44	63·84	2·87	18
November...	102	68	78·04	72	61	66·04	81	38	62·81	6·15	17
December...	91	76	80·00	75	64	68·83	82	48	69·92	6·96	10
1950 :											
January	88	72	80·72	76	64	69·96	88	63	81·25	2·23	13
February	86	72	81·63	76	65	70·92	87	71	80·54	2·59	11
March	91	75	83·04	77	68	72·41	83	59	79·52	1·62	11
April	89	71	79·73	70	58	65·32	81	63	74·14	0·85	8
May	80	70	75·96	70	51	61·00	89	59	76·33	2·70	7
June	81	63	74·27	63	51	56·58	84	56	73·62	0·02	1

AREA OF MUNICIPALITY : The area of Durban and suburbs inclusive of Townlands is 44,927 acres

ANNUAL RATEABLE VALUE :

	1950	1949
Gross value of land	£33,315,890	£33,226,210
Gross value of buildings	£56,297,700	£54,558,800
TOTAL (including agricultural and undeveloped areas)	<u>£89,613,590</u>	<u>£87,785,010</u>

For the year under review, the rates imposed were 7d. on land and 3½d. on buildings (including water rate)

REPORT “ A ”

1.—VITAL STATISTICS : (Figures in brackets represent the previous year in all cases).

POPULATION :

	CENSUS	ESTIMATE 30/6/50			ESTIMATE 30/6/49		
	May, 1946	Male	Female	Total	Male	Female	Total
European	124,792	64,263	67,669	131,932	63,475	66,208	129,683
Coloured	10,206	6,602	6,219	12,821	5,808	5,572	11,380
Native... ..	108,866	108,371	19,125	127,496	93,235	16,308	109,543
Asiatic... ..	113,440	65,290	62,206	127,496	63,960	59,205	123,165
Total	357,304	244,526	155,219	399,745	226,478	147,293	373,771

The following represents the ratio of the sexes :—

European	...	...	1,000	males to	1,053	females
Coloured	...	...	1,061	„ „	1,000	„
Native	...	...	5,667	„ „	1,000	„
Asiatic	...	...	1,049	„ „	1,000	„

The principal vital statistics for the year, corrected for outward transfer, are as follows :

	European	Coloured	Native	Asiatic	Total
Population (Estimated at 30/6/50)	131,932 (129,683)	12,821 (11,380)	127,496 (109,543)	127,496 (123,165)	399,745 (373,771)
Birth Rates	20·04 (21·62)	51·25 (50·70)	23·69 (21·10)	44·62 (40·14)	30·05 (28·72)
Death Rates	9·06 (9·53)	14·04 (17·14)	22·82 (22·40)	12·86 (14·63)	14·82 (15·21)
Infantile Mortality (Rate per 1,000 live Births)	28·74 (26·75)	73·06 (93·59)	330·02 (369·03)	72·24 (82·23)	127·55 (132·76)
Percentage of Illegitimate to Live Births	1·82 (1·93)	24·20 (26·69)	62·99 (57·66)	1·95 (1·16)	18·48 (15·40)
Death Rate: Pulmonary T.B. per 1,000 of population	·26 (·31)	2·18 (3·51)	2·96 (3·20)	1·11 (1·68)	1·45 (1·71)

BIRTHS : The following births were registered in Durban during the year (corrected for outward transfer.)

	European	Coloured	Native	Asiatic	Total
Local Births	2,644 (2,804)	657 (577)	3,021 (2,409)	5,689 (4,944)	12,011 (10,734)
Local Illegitimate Births... ..	48 (54)	159 (154)	1,903 (1,389)	111 (57)	2,221 (1,654)
Still Births	24 (31)	13 (16)	227 (204)	207 (253)	471 (504)
Birth Rates	20·04 (21·62)	51·25 (50·70)	23·69* (21·10*)	44·62 (40·14)	30·05 (28·72)

* These rates are inaccurate because of incomplete registration.

	European	Coloured	Native	Asiatic	Total
BIRTHS :					
Male	1,385 (1,473)	360 (276)	1,614 (1,211)	2,788 (2,542)	6,147 (5,502)
Female	1,259 (1,331)	297 (301)	1,407 (1,198)	2,901 (2,402)	5,864 (5,232)
INFANTILE DEATHS:					
MALE	44 (47)	30 (30)	527 (474)	230 (225)	831 (776)
Female	32 (28)	18 (24)	470 (415)	181 (182)	701 (649)
STILLBIRTHS :					
Local	24 (38)	13 (21)	227 (218)	207 (186)	471 (463)
Imported	8 (3)	— (4)	189 (236)	27 (16)	224 (259)
ILLEGITIMATE BIRTHS :					
Local	48 (33)	159 (138)	1,903 (1,897)	111 (99)	2,221 (2,167)
Imported	11 (5)	14 (8)	1,378 (1,719)	4 (11)	1,407 (1,743)

There were 1,100 males for every 1,000 European female births.

Rates of natural increase, being excess of births over deaths per 1,000 of the population are as follows:

European	10·98	(12·10)
Coloured	37·20	(33·57)
Asiatic	31·76	(25·51)

GEOGRAPHIC DISTRIBUTION OF POPULATION, BIRTHS AND DEATHS

POPULATION :

District	European	Coloured	Native	Asiatic	Total
Old Borough	99,398	6,814	51,827	34,177	192,216
Greenwood Park	9,152	680	6,359	13,782	29,973
Sydenham	4,347	1,729	12,436	22,776	41,288
Mayville	3,956	1,357	44,808	23,355	73,476
Umhlatuzana	8,167	469	4,308	6,329	19,273
South Coast Junction ...	6,912	1,772	7,758	27,077	43,519
Total ...	131,932	12,821	127,496	127,496	399,745

BIRTHS :

District	European	Coloured	Native	Asiatic	Total
Old Borough	1,621	242	821	1,186	3,870
Greenwood Park	310	32	255	604	1,201
Sydenham	68	149	201	1,091	1,509
Mayville	58	90	1,138	1,052	2,338
Umhlatuzana	162	19	146	290	617
South Coast Junction ...	425	125	460	1,466	2,476
Total ...	2,644	657	3,021	5,689	12,011

DEATHS :

District	European	Coloured	Native	Asiatic	Total
Old Borough	906	68	636	322	1,932
Greenwood Park	96	10	132	190	428
Sydenham	40	40	188	276	544
Mayville	8	25	1,395	358	1,786
Umhlatuzana	63	15	154	85	317
South Coast Junction ...	82	22	404	409	917
Total ...	1,195	180	2,909	1,640	5,924

INFANTILE DEATHS AND CAUSES—0 to 5 Years :

Europeans :

Cause of Death	Weeks			Months			Years				Total
	0-1	1-2	2-4	1-3	3-6	6-12	2	3	4	5	
Diphtheria	—	—	—	—	—	1	—	—	—	—	1
Smallpox	—	—	—	—	—	1	—	—	—	—	1
Polioencephalitis	—	—	—	1	—	—	—	—	—	—	1
Influenza	—	—	—	—	1	—	—	—	—	—	1
Otitis Media	—	—	—	1	—	—	—	—	—	—	1
Congenital Malformations...	3	—	1	1	—	—	—	—	—	—	5
Congenital Atelectasis ...	4	1	—	—	—	—	—	—	—	—	5
Hydrocephalus	1	—	—	—	—	—	—	—	—	—	1
Prematurity	29	1	—	1	—	—	—	—	—	—	31
Intracranial Haemorrhage...	2	—	—	—	—	—	—	—	—	—	2
Erythroblastosis Foetalis ...	4	—	—	—	—	—	—	—	—	—	4
Diseases peculiar to early infancy	4	—	1	2	—	—	—	—	—	—	7
Accidental	—	—	—	—	—	1	—	—	1	—	2
Pneumonia, etc.	—	—	—	1	1	2	1	—	—	—	5
Gastro Enteritis	—	—	1	2	2	3	—	—	—	—	8
Unknown and Unclassified	—	—	—	1	1	2	4	1	2	1	12
Total ...	47	2	3	10	5	10	5	1	3	1	87

COMPARISON OF BIRTHS, DEATHS & NATURAL INCREASE

EUROPEANS & ASIATICS. 1946-1950.

CITY OF DURBAN.

Grand Total
thousands

EUROPEANS ASIATICS

EUROPEAN.

ASIATIC.

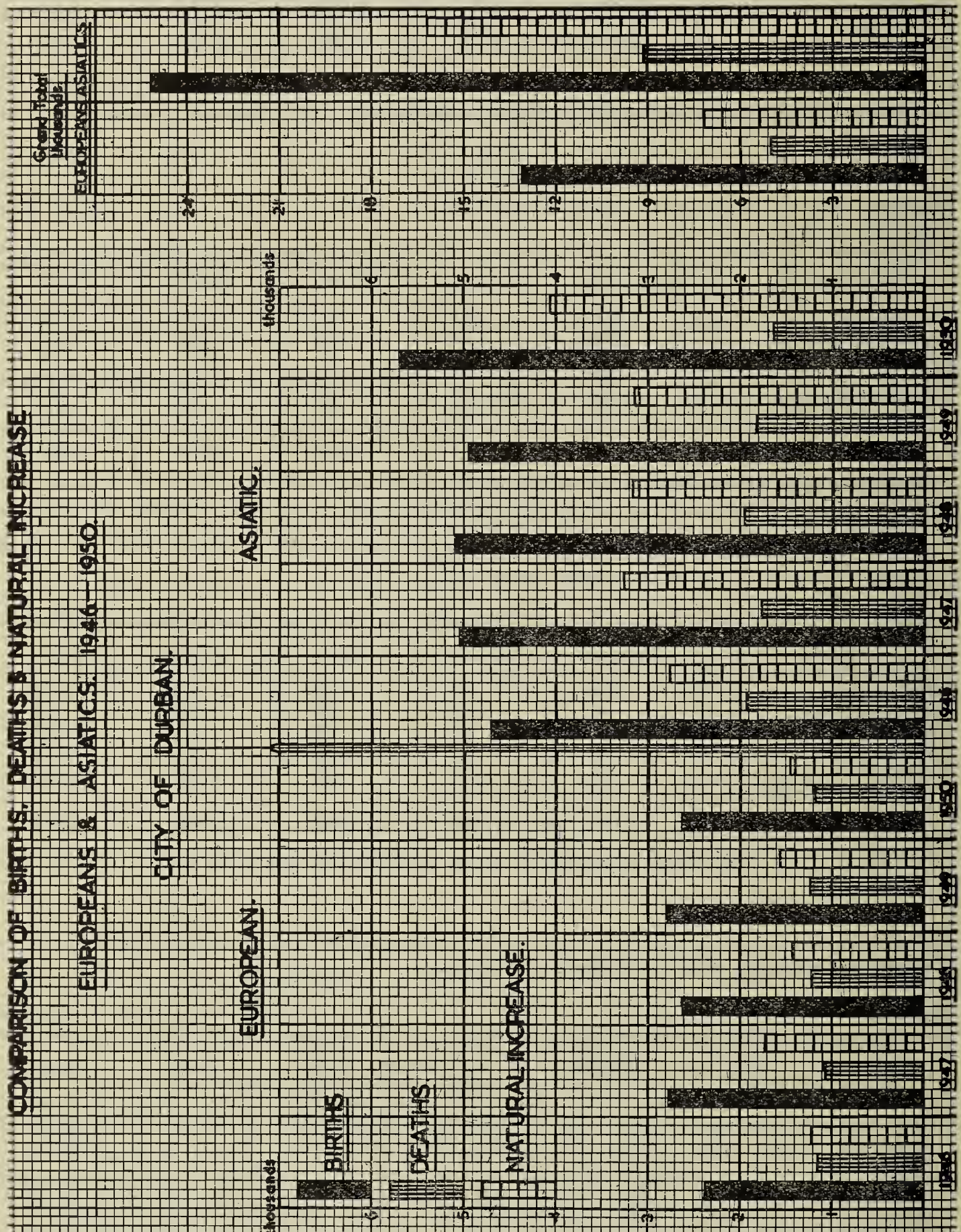
thousands

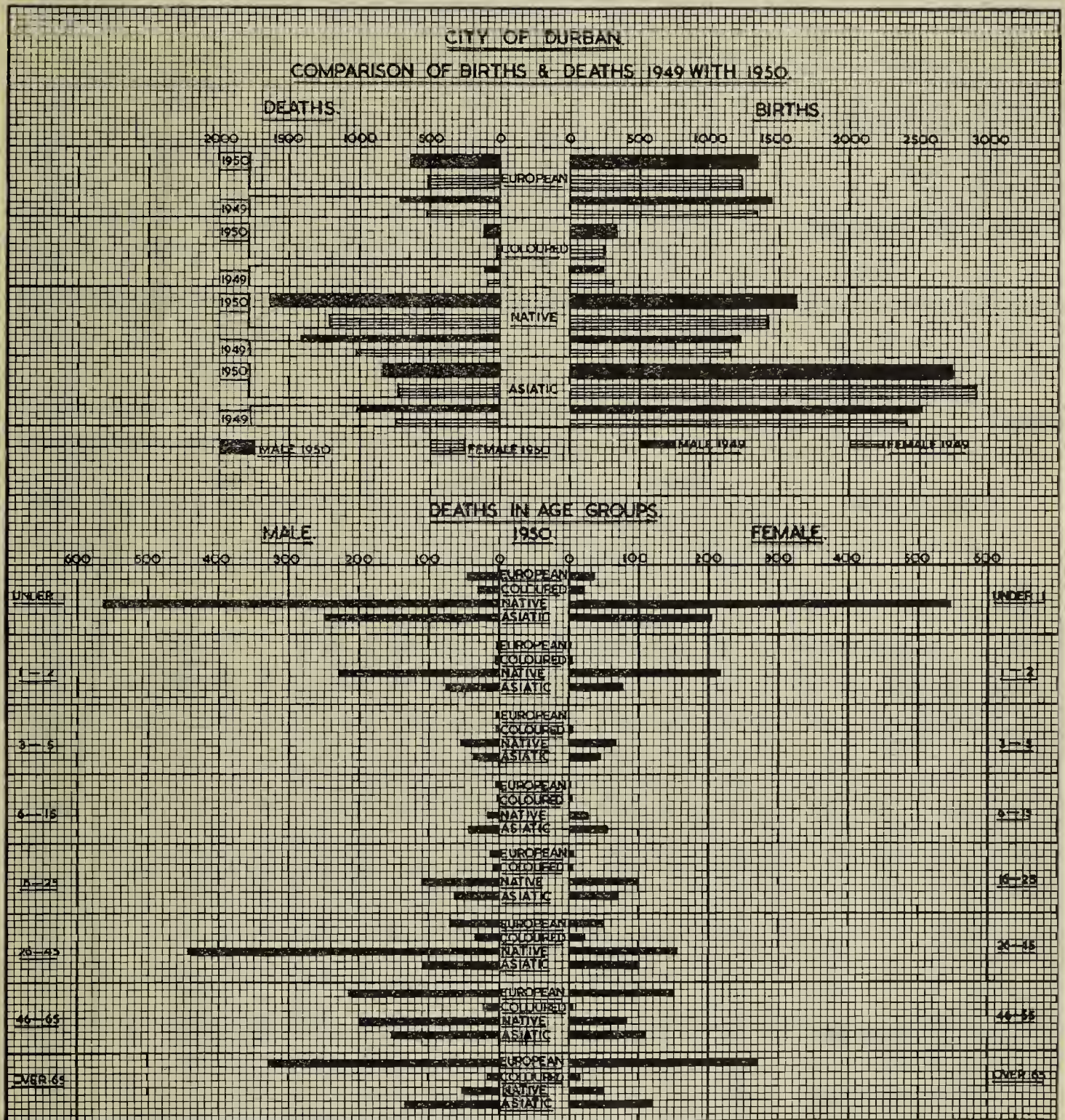
thousands

BIRTHS

DEATHS

NATURAL INCREASE.





Coloured :

Cause of Death	Weeks			Months			Years				Total
	0-1	1-2	2-4	1-3	3-6	6-12	2	3	4	5	
Typhoid	—	—	—	—	—	—	1	—	—	—	1
Whooping Cough	—	—	—	—	—	1	1	—	—	—	2
Diphtheria	—	—	—	—	—	—	—	—	—	1	1
Pulmonary Tuberculosis	—	—	—	—	—	1	2	1	—	—	4
Other Tuberculosis	—	—	—	—	—	1	1	—	—	—	2
Congenital Syphilis	—	—	—	—	—	1	—	1	—	—	2
Measles	—	—	—	—	—	1	—	—	—	—	1
Meningitis	—	—	—	—	—	—	—	—	1	—	1
Mastoiditis	—	—	—	1	—	—	—	—	—	—	1
Convulsions	—	—	—	—	1	—	—	—	—	—	1
Malnutrition	—	—	—	1	—	—	1	—	—	—	2
Peritonitis	—	—	—	1	—	—	—	—	—	—	1
Congenital Debility	2	—	—	—	—	—	—	—	—	—	2
Hydrocephalus	—	—	—	1	—	—	—	—	—	—	1
Congenital Atelectasies	3	—	—	—	—	—	—	—	—	—	3
Erythroblastosis Foetalis	1	—	—	—	—	—	—	—	—	—	1
Prematurity	7	1	—	—	—	—	—	—	—	—	8
Accidental Deaths	—	—	—	—	—	1	—	1	1	—	3
Pneumonia, etc.	—	—	—	3	3	2	3	1	1	—	13
Gastro Enteritis	—	—	—	5	2	6	3	—	1	—	17
Unknown and Unclassified	—	—	1	—	—	1	—	—	—	1	3
Total ...	13	1	1	12	6	15	12	4	4	2	70

Native :

Cause of Death	Weeks			Months			Years				Total
	0-1	1-2	2-4	1-3	3-6	6-12	2	3	4	5	
Typhoid	—	—	—	1	2	—	2	1	—	—	6
Whooping Cough	—	—	—	1	2	5	6	4	1	2	21
Diphtheria	—	—	—	—	1	3	11	—	—	1	16
Pulmonary Tuberculosis	—	—	1	4	4	18	30	5	5	11	78
Other Tuberculosis	—	—	—	1	2	8	15	5	4	1	36
Amoebic Dysentery	—	—	—	—	—	2	5	4	2	—	13
Other Dysentery	—	—	—	—	1	—	1	—	—	—	2
Congenital Syphilis	7	1	1	1	2	3	2	—	—	—	17
Measles	—	—	—	—	1	6	6	—	—	—	13
Encephalitis	—	—	—	—	—	—	1	—	—	—	1
Influenza	—	—	—	—	—	1	—	—	—	—	1
Malnutrition	4	5	5	20	9	26	50	4	1	4	128
Pellagra... ..	—	—	—	—	—	—	1	—	—	—	1
Anaemia	—	—	—	—	—	—	1	—	—	—	1
Leukaemia	—	—	—	—	—	—	1	1	—	—	2
Meningitis	—	—	—	1	1	1	6	—	—	—	9
Convulsions	—	—	—	—	—	—	1	—	—	—	1
Otitis Media	1	1	1	8	4	12	9	—	—	—	36
Tonsillitis	—	—	—	—	—	1	—	—	—	—	1
Jaundice	—	—	—	—	—	—	1	—	—	—	1
Peritonitis	—	1	1	—	1	—	—	—	—	—	3
Kidney Disease	—	—	—	—	—	—	4	—	—	—	4
Congenital Malformations... ..	3	1	—	1	—	—	—	—	—	—	5
Congenital Debility	12	3	1	2	—	—	—	—	—	—	18
Prematurity	99	17	6	1	—	—	—	—	—	—	123
Intracranial Haemorrhage... ..	30	—	1	—	—	—	—	—	—	—	31
Tetanus Neon	—	1	—	—	—	—	—	—	—	—	1
Congenital Atelectasis	6	—	—	—	—	—	—	—	—	—	6
Diseases peculiar to early infancy	11	7	2	8	—	—	—	—	—	—	28
Accidental Deaths	—	—	—	1	2	—	2	1	2	—	8
Pneumonia, etc.	15	11	31	75	66	109	127	16	8	8	466
Gastro Enteritis	15	7	12	81	110	151	154	15	10	6	561
Unknown and Unclassified	5	1	3	10	6	3	10	—	1	—	39
Total ...	208	56	65	216	214	349	446	56	34	33	1,677

Asiatics :

Cause of Death	Weeks			Months			Years				Total
	0-1	1-2	2-4	1-3	3-6	6-12	2	3	4	5	
Cerebro Spinal Meningitis...	—	—	—	—	—	1	—	—	—	—	1
Whooping Cough	—	—	—	—	1	2	5	1	—	1	10
Diphtheria	—	—	—	—	—	1	3	1	—	—	5
Pulmonary Tuberculosis ...	—	1	—	—	—	3	2	—	2	—	8
Other Tuberculosis	—	—	—	—	—	2	2	2	1	3	10
Congenital Syphilis	—	—	—	—	1	—	—	—	—	—	1
Measles	—	—	—	—	—	1	—	—	1	—	2
Poliomyelitis	—	—	—	—	—	—	—	1	—	—	1
Convulsions	—	—	—	1	—	—	—	—	—	—	1
Meningitis	—	—	—	—	2	3	6	4	—	—	15
Nephritis	—	—	—	—	1	—	4	2	1	—	8
Congenital Malformations...	4	—	—	—	2	1	—	—	—	—	7
Congenital Atelectasis ...	3	—	—	—	2	—	—	—	—	—	5
Congenital Debility	11	4	2	1	—	—	—	—	—	—	18
Hydrocephalus	2	—	—	—	—	—	—	—	—	—	2
Intracranial Haemorrhage...	5	1	1	1	—	—	—	—	—	—	8
Diseases peculiar to early infancy	8	4	5	3	6	4	—	—	—	—	30
Erythroblastosis Foetalis ...	—	—	1	—	—	—	—	—	—	—	1
Prematurity	48	10	7	4	1	—	—	—	—	—	70
Accidental Deaths	—	—	—	—	—	—	4	1	—	2	7
Malnutrition	—	1	3	1	5	3	12	2	—	—	27
Pneumonia, etc.	10	4	16	38	39	52	81	18	15	5	278
Gastro Enteritis	3	3	5	25	20	30	24	3	3	2	118
Unknown and Unclassified	3	5	5	11	5	7	9	5	4	3	57
Total ...	97	33	45	85	85	110	152	40	27	16	690

The following table indicates the percentage of all deaths in age groups :

	European			Coloured			Native			Asiatic			TOTAL		
	Male	Fem'le	%	Male	Fem'le	%	Male	Fem'le	%	Male	Fem'le	%	Male	Fem'le	%
Under 1	44	35	6.6	31	20	28.4	563	545	38.1	249	206	27.7	887	806	28.6
1— 2	3	2	.4	6	5	6.1	229	217	15.3	75	77	9.3	313	301	10.3
3— 5	3	—	.3	4	4	4.4	55	68	4.2	38	45	5.1	100	117	3.7
0— 5	50	37	7.3	41	29	38.9	847	830	57.6	362	328	42.1	1,300	1,224	42.6
6—15	5	3	.7	1	3	2.2	18	27	1.6	42	55	5.9	66	88	2.6
16—25	12	7	1.6	7	6	7.2	110	100	7.2	63	70	8.1	192	183	6.4
26—45	70	49	10.0	27	12	21.7	443	152	20.5	108	99	12.6	648	312	16.2
46—65	213	150	30.4	21	7	15.6	200	83	9.7	153	110	16.0	587	350	15.8
Over 65	329	270	50.1	13	13	14.4	51	48	3.4	132	118	15.3	525	449	16.4
Total	679	516	—	110	70	—	1,669	1,240	—	860	780	—	3,318	2,606	—
	1,195			180			2,909			1,640			5,924		

DEATHS FROM CERTAIN MAIN CAUSES : EUROPEAN : CITY ONLY :

DISEASE	Number of Deaths		Percentage of Total Deaths	
Infective intestinal diseases (Enteric Fever, Dysentery, Diarrhoea and Enteritis)	11	(11)	.9	(.9)
Cancer	173	(177)	14.5	(14.3)
Heart and Circulatory System	358	(357)	29.9	(28.9)
Diseases of the Nervous System	120	(122)	10.	(9.9)
Diseases of Birth and Early Infancy ...	54	(50)	4.5	(4.1)
Pneumonia and Bronchitis	46	(80)	3.9	(6.5)
Pulmonary Tuberculosis	34	(40)	2.8	(3.2)
Other Tuberculosis	3	(7)	.3	(.6)
Urinary and Genital Systems	75	(76)	6.3	(6.1)

MAIN CAUSES OF DEATH : CITY CASES ONLY :

DISEASE	European		Coloured		Native		Asiatic	
1. Cancer : Site of Disease :								
Buccal cavity—Pharynx...	8	(—)	—	(—)	2	(—)	3	(—)
Oesophagus ...	1	(14)	—	(—)	3	(—)	2	(1)
Stomach ...	41	(48)	2	(4)	5	(6)	16	(25)
Rectum ...	8	(11)	—	(1)	1	(—)	4	(1)
Liver ...	8	(7)	1	(—)	9	(2)	4	(2)
Pancreas ...	4	(8)	1	(—)	—	(2)	—	(—)
Larynx ...	4	(2)	—	(—)	—	(—)	2	(—)
Lung...	25	(26)	4	(—)	3	(9)	4	(3)
Uterus ...	4	(4)	—	(—)	—	(—)	5	(1)
Other female genital organs ...	18	(11)	—	(—)	2	(4)	—	(1)
Breast (Male and Female) ...	19	(7)	—	(—)	—	(1)	2	(1)
Prostate ...	7	(5)	—	(1)	1	(1)	2	(—)
Other male genital organs ...	—	(—)	—	(1)	—	(—)	—	(—)
Urinary organs, Male and Female ...	11	(9)	—	(—)	1	(1)	2	(4)
Brain...	1	(1)	—	(—)	—	(—)	—	(—)
Skin ...	—	(—)	—	(1)	—	(—)	—	(—)
Bones ...	1	(—)	—	(—)	—	(—)	1	(—)
Unspecified organs ...	13	(24)	1	(—)	1	(1)	7	(3)
	173	(177)	9	(8)	28	(27)	54	(42)
2. Diseases of the Heart ...	81	(83)	12	(7)	55	(60)	90	(97)
3. Bronchitis and Pneumonia ...	46	(80)	19	(23)	510	(487)	390	(398)
4. Typhoid ...	—	(—)	1	(—)	15	(8)	2	(3)
5. Appendicitis ...	6	(3)	—	(—)	3	(1)	—	(1)
6. Tuberculosis ...	37	(47)	32	(43)	459	(412)	174	(233)
7. Diabetes ...	17	(22)	—	(—)	5	(1)	14	(18)
8. Apoplexy ...	72	(82)	7	(7)	17	(19)	36	(31)
9. Diseases of the Kidneys :								
Nephritis ...	14	(16)	—	(7)	25	(19)	29	(53)
Other diseases of Kidneys ...	56	(55)	3	(1)	10	(12)	18	(15)
10. Diseases of the Liver ...	15	(22)	1	(2)	14	(11)	12	(10)
11. Accidents of Pregnancy ...	4	(4)	—	(—)	16	(11)	15	(12)
12. Old Age ...	74	(55)	4	(1)	29	(26)	51	(62)
13. Suicide :								
Poisoning ...	6	(6)	—	(2)	1	(—)	4	(6)
Hanging ...	2	(1)	1	(1)	5	(11)	—	(7)
Drowning ...	—	(—)	—	(—)	—	(—)	—	(3)
Firearms ...	9	(5)	—	(—)	—	(1)	—	(1)
Unspecified ...	—	(2)	1	(—)	2	(—)	2	(—)
14. Accidents :								
On Railways ...	3	(1)	—	(—)	16	(3)	1	(3)
Motor driven vehicles ...	11	(12)	2	(2)	41	(26)	8	(5)
Burns ...	1	(1)	5	(1)	16	(11)	25	(25)
Falls ...	17	(13)	1	(3)	9	(9)	3	(—)
Drowning ...	2	(5)	1	(—)	6	(9)	7	(7)
Other...	15	(6)	—	(—)	14	(14)	6	(1)

DEATHS FROM CANCER IN AGE GROUPS—CITY CASES ONLY :

Age Group	European		Coloured		Native		Asiatic		Total	
Under 1 ...	1	(—)	—	(—)	—	(1)	1	(—)	2	(1)
6—15 ...	—	(1)	—	(—)	—	(—)	—	(—)	—	(1)
16—25 ...	1	(1)	—	(—)	4	(3)	3	(—)	8	(4)
26—45 ...	13	(12)	3	(2)	13	(9)	8	(5)	37	(28)
46—65 ...	70	(70)	3	(3)	9	(14)	26	(22)	108	(109)
65 and Over ...	88	(93)	3	(3)	2	(—)	16	(15)	109	(111)
Total ...	173	(177)	9	(8)	28	(27)	54	(42)	264	(254)

TOTAL DEATHS AND PERCENTAGE OF DEATHS FROM CANCER 1946 TO 1950 :

Site	1946	%	1947	%	1948	%	1949	%	1950	%
Pharynx ...	5	2.1	—	—	11	4.5	—	—	13	4.9
Oesophagus ...	5	2.1	6	3.0	13	5.4	15	5.9	6	2.3
Stomach ...	57	23.5	64	32.0	70	28.9	83	32.7	64	24.2
Rectum ...	13	5.4	15	7.5	10	4.3	13	5.1	13	4.9
Liver ...	23	9.5	16	8.0	22	9.0	11	4.3	22	8.3
Pancreas ...	14	5.8	5	2.5	7	2.9	10	3.9	5	1.9
Other Digestive Organs ...	8	3.3	—	—	1	.4	—	—	—	—
Larynx ...	3	1.2	4	2.0	5	2.1	2	.8	6	2.3
Lung ...	26	10.8	23	11.5	26	10.8	38	15.0	36	13.6
Uterus ...	19	7.9	1	.5	3	1.2	5	2.0	9	3.4
Other Female Genital Organs ...	14	5.8	12	6.0	22	9.0	16	6.3	20	7.6
Breast ...	20	8.6	25	12.5	11	4.5	9	3.1	21	8.0
Prostrate ...	3	1.2	6	3.0	6	2.4	7	2.8	10	3.8
Other Male Genital Organs ...	1	.4	2	1.0	6	2.4	1	.4	—	—
Male and Female Urinary Organs...	11	4.5	4	2.0	9	3.7	14	5.5	14	5.3
Skin ...	—	—	1	.5	—	—	1	.4	—	—
Brain ...	1	.4	1	.5	—	—	1	.4	1	.4
Bones ...	7	2.9	1	.5	—	—	—	—	2	.8
Unspecified Organs ...	12	5.0	14	7.0	20	8.6	28	11.0	22	8.3
Total ...	242		200		242		254		264	
Rate per 1,000 of the population ...		.8		.6		.7		.7		.7

DEATHS IN AGE GROUPS : ENTERIC, MALNUTRITION, GASTRO ENTERITIS, PNEUMONIA AND BRONCHITIS (CITY ONLY) :

	ENTERIC					MALNUTRITION					GASTRO ENTERITIS					PNEUMONIA AND BRONCHITIS				
	Europ.	Col.	Native	Asiatic	Total	Europ.	Col.	Native	Asiatic	Total	Europ.	Col.	Native	Asiatic	Total	Europ.	Col.	Native	Asiatic	Total
Under 1 ...	— (—)	— (—)	3 (1)	— (—)	3 (1)	1 (—)	1 (9)	69 (35)	18 (16)	89 (60)	8 (5)	12 (7)	376 (332)	86 (72)	482 (416)	4 (10)	10 (13)	307 (260)	159 (132)	480 (415)
1—2 ...	— (—)	1 (—)	2 (—)	— (—)	3 (—)	— (—)	1 (—)	50 (28)	12 (5)	63 (33)	— (3)	3 (4)	154 (102)	24 (25)	181 (134)	1 (—)	1 (3)	127 (90)	81 (58)	210 (151)
3—5 ...	— (—)	— (—)	1 (—)	— (—)	1 (—)	— (—)	— (1)	9 (2)	2 (5)	11 (8)	— (—)	1 (—)	31 (20)	8 (17)	40 (37)	— (—)	2 (1)	32 (20)	38 (47)	72 (68)
6—15 ...	— (—)	— (—)	2 (1)	1 (2)	3 (3)	— (—)	— (—)	1 (—)	— (3)	1 (3)	— (—)	— (—)	1 (6)	— (6)	1 (12)	— (—)	— (—)	3 (13)	17 (24)	20 (37)
16—25 ...	— (—)	— (—)	2 (4)	1 (—)	3 (4)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	1 (4)	1 (4)	2 (8)	— (—)	— (—)	11 (22)	9 (7)	20 (29)
26—45 ...	— (—)	— (—)	4 (2)	— (1)	4 (3)	— (—)	— (—)	3 (—)	— (1)	3 (1)	— (1)	— (—)	6 (4)	3 (—)	9 (5)	2 (7)	2 (2)	17 (42)	12 (20)	33 (71)
46—65 ...	— (—)	— (—)	1 (—)	— (—)	1 (—)	— (—)	— (1)	3 (—)	— (—)	3 (1)	— (1)	— (—)	3 (2)	— (2)	3 (5)	14 (17)	2 (1)	9 (30)	30 (57)	55 (105)
Over 65 ...	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	1 (—)	— (1)	1 (1)	3 (1)	— (—)	— (2)	4 (4)	7 (7)	25 (46)	2 (3)	4 (10)	44 (53)	75 (112)
Total ...	— (—)	1 (—)	15 (8)	2 (3)	18 (11)	1 (—)	2 (11)	136 (65)	32 (31)	171 (107)	11 (11)	16 (11)	572 (472)	126 (130)	725 (624)	46 (80)	19 (23)	510 (487)	390 (398)	965 (988)

DEATHS FROM ALL CAUSES :

Code No.	DISEASE	CITY				IMPORTED			
		Eur.	Col.	Native	Asiatic	Eur.	Col.	Native	Asiatic
Diseases due to Bacteria :									
001	Typhoid Fever	—	1	15	2	1	—	20	3
008	Cerebro Spinal Meningitis	—	—	2	2	—	—	—	—
001	Whooping Cough	2	2	21	11	—	—	7	—
012	Diphtheria	1	2	18	7	2	—	22	2
014	Tetanus	—	—	2	4	—	—	2	2
Tuberculosis of :									
015	Respiratory System	34	28	378	142	15	7	497	32
016	Central Nervous System	1	3	27	15	—	—	15	1
017	Intestines and Peritoneum	1	—	8	4	1	—	16	1
018	Vertibral Column	—	—	2	1	—	—	10	—
023	Other Organs	—	—	4	4	—	—	5	—
024	Miliary	1	1	40	8	—	—	33	—
Dysentery :									
032	Bacillary	—	1	13	2	1	—	10	1
033	Amoebic	—	1	81	5	—	1	92	4
Diseases due to Protozoa :									
036	Malaria	1	1	—	1	1	—	—	—
Diseases due to Spirochaetes :									
041	General Paralysis of the Insane ...	1	—	—	—	—	—	—	—
042	Aneurysm of the Aorta	7	1	9	1	1	—	4	—
043	Congenital Syphilis	—	2	17	1	—	—	16	2
044	Other forms	—	2	35	1	—	1	24	—
Diseases due to Filterable Viruses :									
049	Influenza... ..	1	—	1	2	—	—	1	—
050	Smallpox	1	—	1	—	—	—	4	1
052	Measles	—	1	15	4	—	—	15	—
053	Poliomyelitis and Polioencephalitis ...	4	—	—	2	—	—	5	—
054	Acute Lethargic Encephalitis	2	—	4	—	1	—	—	—
Typhus :									
064	Tick Bite Fever	—	—	—	—	1	—	—	—
Other Infective Diseases :									
075	Pernicious Lymphogranulomatosis ...	3	—	—	—	—	1	1	—
Cancer and Other Tumours :									
100	Baccal Cavity—Pharynx	8	—	2	3	1	—	2	1
101	Oesophagus	1	—	3	2	2	—	4	—
102	Stomach	41	2	5	16	10	—	10	1
103	Rectum	8	—	1	4	2	—	1	—
104	Liver	8	1	9	4	—	—	19	—
105	Pancreas... ..	4	1	—	—	1	—	1	—
107	Larynx	4	—	—	2	1	—	1	—
109	Lung	25	4	3	4	4	—	6	—
110	Uterus	4	—	—	5	—	—	1	—
111	Other Female Genital Organs	18	—	2	—	1	—	5	1
112	Breast (Male or Female)	19	—	—	2	—	—	1	—
113	Prostrate	7	—	1	2	1	—	3	1
115	Urinary Organs (Male or Female) ...	11	—	1	2	3	—	5	—
117	Brain	1	—	—	—	1	—	—	—
118	Bones	1	—	—	1	—	—	—	1
119	Other and Unspecified Organs	13	1	1	7	2	—	9	1
135	Turmour of the Brain	4	—	7	1	1	—	5	—
Rheumatism and Nutritional Diseases :									
149	Acute Rheumatic Fever	—	—	1	1	—	—	2	—
150	Chronic Rheumatism—Osteo Arthritis	3	—	1	2	—	—	2	—
152	Diabetes	17	—	5	14	3	—	1	6
153	Diseases of the Pituitary Gland ...	1	—	—	—	—	—	2	—
163	Malnutrition	1	2	136	32	—	1	190	4
164	Other General Diseases	1	—	—	—	—	—	—	—
Vitamin Deficiency Diseases :									
167	Beri-Beri	—	—	3	—	—	—	1	1
168	Pellagra	—	—	3	—	—	—	2	1
169	Rickets	—	—	—	3	—	—	—	—
Diseases of the Blood :									
203	Pernicious Anaemia	7	—	2	9	1	—	7	3
206	Unspecified Anaemias	—	—	—	1	1	—	—	—
207	Leukaemia	6	—	3	4	—	—	1	—
209	Splenic Anaemia	—	—	1	—	—	—	—	—
210	Bantis Disease	—	—	—	2	—	—	—	—
211	Other Diseases of the Spleen	—	—	1	—	—	—	—	—
212	Agranulocytosis	1	—	—	—	—	—	1	—
Chronic Poisonings and Intoxication :									
250	Acute Alcoholism... ..	1	—	—	—	1	—	1	—
258	Unspecified Poisoning... ..	2	—	8	5	—	—	9	1

Code No.	DISEASE	CITY				IMPORTED			
		Eur.	Col.	Native	Asiatic	Eur.	Col.	Native	Asiatic
Diseases of the Nervous System :									
303	Meningitis, other forms	2	1	12	23	2	—	14	2
305	Cerebral Haemorrhage	72	7	17	36	16	—	7	—
306	Cerebral Thrombosis	35	—	4	5	11	1	4	—
307	Hemiplegia	3	1	5	38	2	—	1	2
308	Mental Disorders	—	—	2	1	—	—	1	—
309	Epilepsy	2	1	5	5	—	—	—	—
310	Convulsions	—	1	2	1	—	—	5	—
312	Neuritis	1	—	—	—	—	—	—	—
313	Paralysis Agitans	4	—	1	—	—	—	—	—
315	Other Diseases of the Nervous System	—	—	1	1	—	—	—	—
317	Diseases of the Ear and Mastoid Process	1	1	36	4	—	—	10	—
Diseases of the Circulatory System :									
350	Chronic Pericarditis	1	—	—	—	—	—	—	—
351	Other Pericarditis	1	—	10	—	—	—	—	—
352	Acute Endocarditis	1	—	3	5	—	—	1	1
353	Valvular Disease	—	1	2	4	2	—	1	2
356	Chronic Myocarditis (Rheumatic) ...	4	3	2	21	1	—	1	1
357	Other Myocarditis	74	8	38	60	12	—	38	—
358	Diseases of the Coronary Arteries ...	141	4	6	34	29	—	1	1
362	Arterio Sclerosis	65	2	25	31	7	—	7	3
363	Gangrene	1	—	3	1	1	—	3	—
364	Other Diseases of the Arteries ...	3	—	3	1	2	1	2	—
367	High Blood Pressure	2	—	—	2	4	—	—	—
368	Hypotension	65	3	43	65	9	—	29	5
Diseases of the Respiratory System :									
401	Diseases of the Larynx	1	—	2	—	—	—	—	—
402	Acute Bronchitis	7	1	8	61	—	1	4	1
403	Chronic Bronchitis	7	—	5	24	2	—	1	1
404	Broncho Pneumonia	24	13	433	251	7	—	234	8
405	Lobar Pneumonia	8	5	64	54	1	—	21	3
407	Empyema	1	—	6	1	—	—	4	—
408	Unspecified forms of Pleurisy ...	—	—	1	—	—	—	—	—
409	Pulmonary Embolism	19	3	3	5	2	—	7	1
410	Congestion of Lungs	4	1	—	4	1	—	1	—
411	Asthma	9	3	10	26	1	—	4	—
412	Pulmonary Emphysema	—	—	—	—	—	—	1	—
415	Other Respiratory Diseases (Occupational)	1	—	—	—	—	—	—	—
417	Abscess of the Lung	3	—	10	2	—	—	4	—
418	Other Respiratory Diseases (Non-Occupational)	5	—	2	—	—	—	1	—
Diseases of the Digestive System :									
452	Diseases of the Pharynx and Tonsils	—	—	2	1	—	—	—	—
455	Stomach Ulcer	1	1	—	—	2	—	—	—
456	Duodenal Ulcer	3	—	1	2	3	—	1	—
457	Other Diseases of the Stomach ...	—	—	—	1	—	—	—	—
458	Diarrhoea and Enteritis (under 2 years)	8	15	530	110	1	2	158	10
459	Diarrhoea and Enteritis (over 2 years)	3	1	42	16	—	—	18	1
461	Appendicitis	6	—	3	—	1	—	—	1
462	Hernia	1	—	1	—	1	—	3	—
463	Intestinal Obstruction	6	1	9	12	2	—	1	2
464	Diverticulitis	—	—	—	1	2	—	—	—
466	Cirrhosis of Liver (Alcoholic) ...	1	—	5	3	1	—	3	—
467	Cirrhosis of Liver (Non-Alcoholic) ...	6	—	6	—	5	—	10	—
468	Yellow Atrophy of Liver	2	—	4	6	1	—	1	—
469	Other Diseases of the Liver	8	1	10	2	1	—	5	1
470	Biliary Calculi	2	—	—	—	1	—	—	—
471	Cholecystitis	3	—	—	4	—	—	—	—
472	Diseases of the Pancreas	3	—	—	—	1	—	—	—
473	Peritonitis	3	4	24	9	1	1	16	—
Diseases of the Urinary and Genital Systems :									
500	Acute Nephritis	1	—	15	17	2	—	5	5
501	Chronic Nephritis	13	—	10	12	1	—	6	1
503	Pyelitis, Pyelonephritis	3	1	1	2	1	—	2	1
504	Others	53	2	9	16	14	—	11	1
505	Calculi of the Urinary Passage ...	—	—	—	—	1	—	—	—
506	Cystitis	1	1	—	—	—	—	—	—
507	Diseases of the Bladder	1	—	—	1	—	—	—	—
510	Diseases of the Prostate	2	—	1	—	—	—	—	—
511	Diseases of the Male Genital Organs	—	—	—	—	—	—	—	—
512	Diseases of the Ovaries and Fallopian Tubes	1	—	1	1	—	—	1	—
Diseases of Pregnancy :									
550	Abortion, Spontaneous	2	—	1	1	—	—	—	—
554	Ectopic Gestation... ..	—	—	1	2	—	—	—	—
558	Eclampsia of Pregnancy	—	—	—	1	—	—	2	1
561	Other Toxaemias of Pregnancy ...	—	—	2	1	—	—	—	—
566	Haemorrhage after Childbirth ...	—	—	1	—	—	—	—	—
573	Puerperal Toxaemias	—	—	—	—	—	—	2	—
574	Other Accidents of Childbirth ...	2	—	11	10	—	—	5	1

Code No.	DISEASE	CITY				IMPORTED			
		Eur.	Col.	Native	Asiatic	Eur.	Col.	Native	Asiatic
	Diseases of the Skin :								
601	Cellulitis	—	1	4	—	—	—	—	—
602	Other Diseases of the Skin	—	—	—	—	—	—	2	—
	Diseases of the Bones :								
650	Osteomyelitis	—	—	2	3	—	—	2	—
651	Other Diseases of the Bones	—	—	1	—	—	—	—	—
653	Diseases of other Organs of Movement	1	—	—	—	—	—	—	—
	Congenital Malformations :								
700	Congenital Hydrocephalus	1	1	1	1	1	—	4	—
701	Spina Bifida	1	—	—	2	—	—	—	—
702	Congenital Malformations of the Heart	3	—	2	5	1	—	1	—
703	Monstrosities	1	—	—	1	—	—	—	—
706	Imperforate Anus	—	—	1	1	—	—	1	—
709	Unspecified Malformations	—	—	1	—	—	—	—	—
	Diseases Peculiar to First Year of Life :								
750	Congenital Debility	—	2	18	18	—	1	8	1
751	Prematurity	31	8	123	70	4	—	104	9
752	Intracranial Injury at Birth	2	—	27	8	1	—	37	—
754	Asphyxia During or After Birth	4	3	5	6	—	—	5	—
756	Infections of the New Born	2	—	—	—	—	—	—	—
758	Other Specified Diseases	9	1	27	19	1	—	21	1
	Old Age :								
800	Senility	74	4	29	51	7	—	24	7
	Violent or Accidental Deaths—Suicide :								
852	Unspecified Poisoning	5	—	1	4	—	—	1	—
854	Motor Exhaust Gasses	1	—	—	—	—	—	—	—
856	Hanging or Strangulation	2	1	5	—	1	—	1	—
858	Firearms	9	—	—	—	—	—	—	—
863	Unspecified Means	—	1	2	2	1	—	1	1
	Homicide :								
864	Infanticide	—	—	—	1	—	—	—	—
865	By Firearms	—	—	25	11	—	—	2	—
866	By Cutting or Piercing Instruments...	1	4	119	17	—	—	14	1
3867	By Unspecified Means	—	—	9	1	—	—	—	—
	Accidental Deaths :								
868	On Railways	3	—	16	1	3	1	4	—
871	Motor Driven Road Vehicles	11	2	41	8	3	—	13	3
874	Motor Driven Cycles	5	—	—	1	1	—	—	—
877	Pedal Cycles	1	—	2	—	—	—	—	—
886	Caused by Machinery	—	—	1	—	—	—	1	—
888	Absorption of Poisonous Gasses	1	—	—	—	—	—	—	1
889	Poisoning (Not by Gas)	1	—	1	—	—	—	1	—
891	Burns	1	5	16	25	—	—	7	7
892	Mechanical Suffocation	1	—	—	1	—	—	—	—
893	Drowning	2	1	6	7	2	—	3	—
894	Firearms	2	—	—	2	—	—	—	—
896	Injury by Fall	17	1	9	3	4	—	3	—
897	Landslide or Other Crushing	—	—	1	—	—	—	—	—
903	Lightning	—	—	1	—	—	—	—	—
904	Electric Currents	2	—	—	—	—	—	—	—
906	Anaesthetics	2	—	5	2	1	—	10	—
908	Unspecified	—	—	3	—	1	—	—	—
916	Open Verdict	1	1	4	—	—	—	1	—
	Unstated or Ill-defined Deaths :								
951	Ill-defined	3	—	6	10	—	—	10	4
952	Cause Unknown	16	1	49	15	1	—	17	—
		1,195	180	2,909	1,640	247	19	2,046	162

2. INFECTIOUS DISEASES NOTIFIED DURING THE YEAR :

DISEASE	European		Coloured		Native		Asiatic	
Cerebro Spinal Meningitis :								
Local Cases	3	(4)	2	(—)	13	(15)	5	(7)
Imported Cases	1	(2)	—	(—)	5	(4)	1	(3)
Local Deaths	—	(2)	—	(—)	2	(3)	2	(3)
Imported Deaths	—	(1)	—	(—)	—	(1)	—	(1)
Diphtheria :								
Local Cases	145	(95)	34	(21)	124	(66)	58	(39)
Imported Cases	48	(34)	2	(2)	58	(47)	16	(11)
Local Deaths	1	(—)	2	(2)	18	(12)	7	(6)
Imported Deaths	2	(1)	—	(—)	22	(12)	2	(1)
Encephalitis :								
Local cases	6	(1)	—	(—)	1	(—)	—	(—)
Imported Cases	—	(—)	—	(—)	—	(—)	1	(—)
Local Deaths	2	(2)	—	(—)	4	(—)	—	(2)
Imported Deaths	1	(—)	—	(—)	—	(—)	—	(—)
Erysipelas :								
Local Cases	5	(11)	2	(1)	9	(2)	—	(—)
Imported Cases	1	(—)	—	(—)	—	(1)	—	(—)
No Deaths recorded.								
Leprosy :								
Local Cases	2	(—)	—	(—)	13	(11)	1	(—)
Imported Cases	—	(1)	—	(—)	5	(3)	—	(—)
No Deaths recorded.								
Poliomyelites :								
Local Cases	13	(14)	—	(3)	1	(8)	2	(3)
Imported Cases	6	(9)	—	(—)	3	(2)	2	(1)
Local Deaths	4	(—)	—	(—)	—	(—)	2	(1)
Imported Deaths	—	(2)	—	(—)	5	(1)	—	(—)
Puerperal Sepsis :								
Local Cases	—	(—)	—	(—)	—	(—)	—	(1)
Imported Cases	—	(—)	—	(—)	—	(—)	—	(—)
Local Deaths	—	(—)	—	(—)	—	(2)	—	(1)
Imported Deaths	—	(—)	—	(—)	—	(1)	—	(—)
Scarlet Fever :								
Local Cases	67	(83)	—	(—)	1	(—)	1	(—)
Imported Cases	12	(9)	—	(1)	—	(2)	—	(—)
No Deaths recorded.								
Smallpox :								
Local Cases	1	(—)	—	(—)	6	(—)	—	(—)
Imported Cases	—	(—)	—	(—)	1	(1)	1	(—)
Local Deaths	1	(—)	—	(—)	1	(—)	—	(—)
Imported Deaths	—	(—)	—	(—)	4	(—)	1	(—)
Tick Bite Fever :								
Local Cases	—	(—)	—	(—)	—	(—)	—	(—)
Imported Cases	—	(—)	—	(—)	—	(—)	—	(—)
Local Deaths	—	(—)	—	(—)	—	(—)	—	(—)
Imported Deaths	1	(—)	—	(—)	—	(—)	—	(—)
Typhus (Murine) :								
Local Cases	1	(—)	—	(—)	—	(—)	—	(—)
Imported Cases	1	(—)	—	(—)	—	(—)	—	(—)
No Deaths recorded.								
Trachoma :								
Local Cases	—	(—)	—	(—)	—	(1)	—	(—)
Imported Cases	—	(2)	—	(—)	—	(—)	—	(—)
No Deaths recorded.								
Typhoid :								
Local Cases	16	(12)	2	(5)	36	(21)	40	(10)
Imported Cases	7	(27)	1	(4)	82	(44)	45	(17)
Local Deaths	—	(—)	1	(—)	15	(8)	2	(3)
Imported Deaths	1	(2)	—	(—)	20	(11)	3	(1)

2. INFECTIOUS DISEASES.

At the commencement of the year, the City was faced with a very real threat of Smallpox following an outbreak of the disease in the Natal Midlands. Within a few weeks the disease appeared in Durban but was rapidly suppressed. Later on in the year, the infection was reintroduced from Northern Natal : fortunately, on this occasion, no secondary cases developed. Another disease which caused concern during the year was diphtheria, a sharp outbreak of which reached its climax in April.

FORMIDABLE EPIDEMIC DISEASES.

SMALLPOX : In last year's report, attention was drawn to the prevalence of smallpox in the Transvaal and to an outbreak of the disease at Edendale, near Pietermaritzburg, during the month of June, 1949. Mention was also made of the search for suspected cases and contacts and the intensification as a precautionary measure of the vaccination programmes of the Department.

The disease spread thence to various parts of Natal and Zululand. The Department remained on the alert against the introduction of the disease into Durban. Contacts notified by other health authorities, particularly non-Europeans, was pressed with vigour. The response to the Department's appeal was excellent and nearly 33,000 persons were immunised between the 1st June and the 20th August. Amongst other measures, special precautions were taken in relation to the visiting wives and children of Bantu Urban workers. These visitors hail from all parts of Natal, and several hundred are in daily residence at the various Municipal Locations and at the Native Women's Hostel in Grey Street.

At the beginning of July, the City experienced a narrow escape. On this occasion, a Malay adult stayed in Durban for four days attending the races and sickened from smallpox on the day following his return to Pretoria.

During the latter half of August, smallpox broke out in Durban in a manner quite unexpected. On the evening of the 20th of that month, an Indian adult female was admitted to hospital as a case of dermatitis and died the following morning. Subsequently the cause of death was ascribed to smallpox and the Department notified on the 22nd. To meet the emergency, the Fynnland Quarantine Station was loaned to the Provincial Administration by the Union Health Department.

Twelve days after the admission of the Indian female to hospital, i.e., on the 1st September, a secondary case of the disease was diagnosed in a Native patient who was accommodated in the block of buildings in which the primary case was discovered. Two days later a further case was diagnosed in an ex-patient of the hospital : this was a Bantu female adult who, after discharge, found accommodation in the Native quarters of the Glenwood High School Hostel in which over sixty scholars resided. On the 8th September, a second case from the hospital wards was transferred to Fynnlands.

At this stage two Bantu cases were discovered at Booth Road in the Cato Manor area. Both were ex-patients of the hospital who had been discharged on the 27th August. On the 19th September, a Bantu male child, a son of one of the two cases mentioned above, developed the disease. In this case vaccination failed to prevent the onset of the disease as it was evidently performed too late.

The outbreak terminated with a fatal case in a European male infant who sickened on the 29th September. His father was employed on the staff of the hospital and had suffered shortly before from an obscure illness complicated with a rash. Because of his association with the hospital and the remote possibility that the illness might be due to modified smallpox, all contacts, with the exception of the infant in question, were vaccinated. This contact remained unprotected owing to the father's refusal to agree to this course.

The total number of City cases in this outbreak were therefore seven, comprising one European and six Bantu. There were three deaths amongst the latter.

Possibly the efficiency of the Department's vaccination service could have been subjected to no more severe test than the one described, as the hospital in question was overcrowded with an average daily bed-state of almost fifteen hundred patients. In addition, there was an outpatient attendance numbering several hundred daily with numerous visitors.

Mass vaccination programmes supported by health education has been regarded as the sheet-anchor of preventive control against smallpox locally and the suppression of the above outbreak bears witness to the soundness of this policy.

Recently an outbreak of smallpox in Scotland from a hospital focus has drawn attention to the imperative necessity for hospital staffs to be adequately protected against the disease. A lesson to be learnt from the outbreak just described, is the desirability of extending protection to the families of the members of such staffs.

For several months after the outbreak described above, the City was free from smallpox infection, but its troubles were not over for the remainder of the year.

On the 9th March, 1950, a Native female child, aged two years, was admitted to King Edward VIII Hospital after a short illness ; on the following day, the illness was diagnosed as smallpox. This child was a visitor to the City from Northern Natal and had recently departed from an area where cases of the disease had been reported. As a precaution, the patient's foster-parents were admitted to hospital for observation. Neither contracted the disease but the child died after an illness of ten days. Fortunately there were no secondary cases, though from the history of the case's movements, it was clear that many cases had been exposed to the risk of infection.

TYPHUS : No case of the epidemic form and only one case of the murine variety of the disease was reported during the year. The patient in question resided at the Point in an area under the control of the Union Government, and it is interesting to note that she occupied a flat over a grain-store.

No progress has been made as regards the provision of a small unit for cleansing and de-lousing purposes.

No notifications of Plague, Asiatic Cholera, Yellow Fever or African Sleeping Sickness were received during the year.

TYPHOID FEVER : 94 cases were notified during the year which was almost double the figure recorded last year but approximates that of the preceding year. Of the 94 cases, 22 occurring over a period of four weeks during March and April, mainly amongst three Indian families, two of which resided at the Magazine Barracks and the third in the Coedmore area.

On the 21st March, the Department became aware that a young Indian woman, resident at the Magazine Barracks, whose sister had died the day previously (death being certificated as pneumonia), was suffering from a febrile illness. This contact was admitted to hospital as a suspect typhoid. Her brother gave a history of a recent influenzal attack for which he had received medical attention. A blood test revealed a doubtful widal reaction, and on this report, he was also admitted to hospital where he relapsed. Subsequently both he and his sister gave positive bacteriological findings for typhoid fever.

On the day the above contacts were examined, an Indian child, in no way connected with the above cases, but residing with his family in the same block of buildings, was reported as being ill. This case led to the removal to hospital of six children from this family, all of which, with the exception of one, were later diagnosed as definite cases of typhoid. The father, mother and one other child were unaffected. The father was employed as a latrine attendant at the Indian Market. Suspicion naturally fell on him as the probable cause of the outbreak and his family but, despite repeated examinations, no positive findings were reported in his case. The mother, however, proved to be an intestinal carrier.

Both families denied any close association beyond a limited social contact. The fact, however, that both were affected practically at the same time, was regarded as too highly significant to be rejected. Eventually, after persistent endeavours to obtain a correct history, the father admitted that on occasions his children had purchased sweetmeats from the other family which, in order to supplement its income, carried on a small business with their neighbours.

The origin of the outbreak in this family was not traced, due possibly to the unreliable history.

At the end of the month, a similar familiar outbreak was investigated in the Coedmore Road area. Eight members of this family were admitted to hospital, seven of which were later confirmed as definite typhoid cases. As far as could be ascertained, there was no connection between this outbreak to the one recorded above. Unfortunately, though the phage-type of the organism responsible for the Magazine Barracks outbreak was

determined, no information was forthcoming as regards the phage-type responsible for the cases from Coedmore Road.

Quite a number of instances occurred during the year in which there were direct associations between typhoid cases and their contacts with catering establishments in the City. This, of course, was particularly evident where Indians were concerned as the majority of waiters belong to this racial group. For instance, in the Coedmore family outbreak, one contact, who fortunately did not sicken, was employed as a waiter in a restaurant carrying on business in the centre of the town. In another instance, one contact from a neighbouring area in which there was a sharp outbreak of the disease was employed as a food-handler in the City, whilst another had recently served as a waiter on the beach. Control, of course, is bound up with immunisation, health education and administration of the New Food and Milk By-laws.

During the first quarter of 1949, 19 cases were reported from the Umhlatuzana Valley beyond the City boundary. Representations were made to the Union Health Department as the area concerned fell within a Magisterial District. As a result, it is understood that the health of this area will shortly be supervised by the Local Health Commission.

The vi-testing programme for the year included employees in the following types of food-handling :—

Dairies, Ice-cream Factories, Milk Bars, Cafes-de-Move-on, Tea Rooms, etc.,
Margarine Factories and Native Eating Houses.

The subjoined table shows the number of tests carried out during the year :—

	European	Coloured	Native	Asiatic	Total
Dairies	—	1	1,080	9	1,090
Tea Rooms, Milk Bars, etc. ...	12	1	133	166	312
Ice-cream Factories	6	—	132	8	146
Margarine Factories	15	—	34	—	49
Native Eating Houses	—	—	83	—	83
Pedlars	1	—	7	4	12
Miscellaneous	—	2	57	53	112
Typhoid Contacts and Cases ...	1	1	18	7	27
	35	5	1,544	247	1,831
Vi-negative	35	5	1,525	241	1,806
Vi-positive	—	—	19	6	25

Percentage positive = 1.38%

DIPHTHERIA : For the first two months of the year, the prevalence of diphtheria was more or less normal. In September, the number of notifications were the lowest for many months—only seven cases being reported.

From October onwards the incidence began to rise so that by the beginning of the New Year there was an unduly high prevalence of the disease. In the next few weeks, the position worsened to the extent that 47 local infections were notified in the month ending 24th February, and 82 during the next four and a half weeks. This incidence coincided with an abnormal prevalence of the disease throughout the Province and in other parts of the country. No doubt, the local increased prevalence was casually connected with this phenomenon. From the middle of April onwards, the number of local infections gradually decreased and this improvement was maintained until the end of the year.

Most of the cases notified were mild in type, whilst many turned out to be suffering from sore throats simulating diphtheria. A proportion were healthy “carriers.”

This “wave” of diphtheria was unseasonable, as the disease is usually most prevalent in winter. The fact remains, however, that the disease was unable to spread to any serious extent locally. For this favourable outcome, we have to thank the excellent progress made by the Department’s Immunisation Programme for scholars and pre-school children. Established in 1945, these programmes have succeeded in setting up effective “barriers” against the spread of diphtheria among the most susceptible age groups.

A feature of diphtheria is that, of late years, the infection has spread among Natives for the reasons :—

- (a) That Natives are bringing their young families to the town, and into the Durban slum areas and backyard dwellings generally ;
- (b) That Native dwellings, particularly in the shack settlement areas, are seriously overcrowded ; and
- (c) That Native children are inaccessible to protection by immunisation, except at school, which accounts for only a fraction of their total number.

This diphtheria build-up amongst Natives is now a definite threat to Europeans and adds one more argument in favour of—

- (1) Adoption of immunisation generally as the sole reliable protection against diphtheria, especially in the case of children under the age of ten ;
- (2) Introduction of one-shot technique (P.T.A.P.) for immunising Native children ;
- (3) Provision of better housing for Natives and more schools for Native children which will, incidentally, render them accessible to immunising teams ;
- (4) More district clinic stations for all races (to deal with the pre-school aged group) ;
- (5) A general purpose organisation for Health Visitors and Health Assistants—a policy which cannot be introduced until Government part-refunds on health services are established in a uniform basis.

Notification rate for Diphtheria and Enteric per 1,000 of the population for the years 1944 to 1950.

	1944	1945	1946	1947	1948	1949	1950
Enteric :							
European	·34	·15	·14	·11	·06	·09	·01
Coloured	·34	·58	·68	1·98	·64	·44	·16
Native	1·49	·86	1·04	·99	·52	·19	·28
Asiatic... ..	·47	·28	·34	·57	·20	·09	·31
Diphtheria :							
European	3·84	2·33	1·23	1·23	·57	·73	1·09
Coloured	8·44	4·01	1·26	2·26	·73	1·84	2·65
Native	1·01	1·61	·59	1·00	·85	·60	·98
Asiatic... ..	·37	·37	·33	·39	·15	·32	·46

POLIOMYELITIS : 20 cases, i.e., 17 Europeans, 2 Indians and 1 Bantu, were notified during the year as compared with 28 last year. Four patients, three of whom died, were diagnosed as polio-encephalitis. The highest monthly incidence occurred in January, when six cases were reported. As both City and Imported cases were being notified during April, the diphtheria immunisation programme was suspended for a month, whereafter it became clear that no outbreak of the disease threatened.

There were eleven imported cases, i.e., 6 Europeans, 2 Indians and 3 Bantu. One of the Bantu cases proved fatal.

ENCEPHALITIS : 5 cases were notified, one of which was diagnosed as Encephalitis Lethargica. Of the remainder, two were measles encephalitis, one was mumps encephalitis and in the fifth, the nature of the disease was unspecified. There were two fatal cases in European children—one from “measles” encephalitis and the other being the fifth case mentioned above.

SCARLET FEVER : There was a deduction in the number of cases of Scarlet Fever as compared with the previous year—69 cases being reported as against 83. One Bantu child was notified which is certainly an exceptional feature.

CEREBRO-SPINAL MENINGITIS : The prevalence of the disease remained slight as in 1948–49 only 23 cases being notified. In the previous year, the Bantu section of the population was mainly affected.

LEAD POISONING : Plumbism was made notifiable under the Public Health Act 1929. Towards the end of June, Addington Hospital notified a case in a Coloured male adult. The patient was employed in a motor assembly plant and had been exposed to a lead hazard as an operator engaged in filling joints and other depressions in cars after the bodies had been assembled. Appropriate measures to eliminate the risk were taken jointly by the Factories Department and this Department.

OTHER INFECTIOUS DISEASES :

GASTRO-ENTERITIS : At the beginning of the year, an investigation was carried out into an outbreak of gastro-enteritis amongst European infants and children. Non-European children were apparently unaffected. As far back as March, 1949, cases of gastro-enteritis, of an undetermined origin, had been admitted to the Children's Hospital and further cases were admitted during the succeeding months. The outbreak was not confined to Durban, as cases were reported from the neighbouring districts. Many cases were seen in private practice : in a typical case, the patient was severely ill for three days and this rapidly convalesced to full recovery. Cases sometimes presented with symptoms not unlike an acute abdomen. Sulphur drugs were ineffective.

The outbreak subsided in July. It was generally considered that the causative organism was a virus.

STREPTOCOCCAL SORE THROAT : A small outbreak of streptococcal sore throats occurred at Nazareth House during March. As there was an undue prevalence of diphtheria in the City at the time, special care was required in handling this outbreak.

CANCER : The incidence of Cancer amongst Europeans remains high and the disease is responsible for 14.5% of all European deaths. The number of deaths from this cause, in terms of the coded list, is higher than any other.

The following tables reflect :—

- (1) The number of deaths in the various age-groups according to race for the period 1947/1950.
- (2) The number of deaths classified according to the site of the disease for the different races during the above period.

Age Group		European				Coloured				Native				Asiatic			
		1947	1948	1949	1950	1947	1948	1949	1950	1947	1948	1949	1950	1947	1948	1949	1950
0—1	...	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
1—2	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
3—5	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6—15	...	1	3	1	—	—	—	—	—	—	—	—	—	—	1	—	—
16—25	...	—	10	12	13	—	—	—	—	3	1	3	4	2	—	—	3
26—45	...	7	63	70	70	2	4	2	3	11	9	9	13	10	15	5	8
46—65	...	43	79	93	88	2	9	3	3	12	8	14	9	22	22	22	26
Over 65	...	67	—	—	—	2	3	3	3	2	3	—	2	16	12	15	16
Total		118	155	177	173	6	16	8	9	26	21	27	28	50	50	42	54

Site		European				Coloured				Native				Asiatic			
		1947	1948	1949	1950	1947	1948	1949	1950	1947	1948	1949	1950	1947	1948	1949	1950
Pharynx	...	—	5	—	1	—	1	—	—	—	3	—	2	—	2	—	3
Oesophagus	...	3	9	14	8	—	—	—	—	2	—	—	3	1	4	1	2
Stomach	...	33	45	48	41	2	1	4	2	8	3	6	5	21	21	25	16
Rectum	...	12	9	11	8	—	—	1	—	—	—	—	1	3	1	1	4
Liver	...	9	9	7	8	—	1	—	1	3	8	2	9	4	4	2	4
Pancreas	...	5	6	8	4	—	—	—	—	—	—	2	—	—	1	—	—
Larynx	...	2	4	2	4	—	—	—	—	—	—	—	—	2	1	—	2
Lung	...	18	2	4	4	—	—	—	4	2	—	9	3	3	2	3	4
Uterus	...	1	18	26	25	—	4	—	—	—	4	—	2	—	1	1	5
Other Female Genital Organs...	...	5	10	11	18	—	4	—	—	4	—	4	2	2	4	1	—
Breast	...	17	9	7	19	—	2	—	—	1	1	1	—	6	—	1	2
Prostrate	...	3	4	5	7	—	—	1	—	—	—	1	1	3	1	—	2
Other Male Genital Organs	...	—	2	—	—	1	—	1	—	2	—	—	—	—	4	—	—
Male and Female Urinary Organs	...	2	8	9	11	1	1	—	—	2	—	1	1	—	—	4	2
Other and Unspecified Organs	...	8	15	25	15	2	2	1	1	2	—	1	1	5	4	3	8
Total		118	155	177	173	6	16	8	9	26	21	27	28	50	50	42	54
Rate per 1,000 of Population		·9	1·2	1·4	1·3	·6	1·5	·7	·7	·3	·2	·3	·2	·3	·3	·3	·4

It will be noticed that the rate has remained almost stationary in the different racial groups and that the rates amongst the Asiatic and Native sections are the lowest being only one-third to one-quarter of that recorded for Europeans. This may be due partly to the different racial, age and sex patterns among the population.

The following tables reflect (1) the total number of deaths for all cases classified according to the site of the disease and (2) the percentage of European deaths from different forms of Cancer in relation to all European deaths.

**TOTAL SITE AND PERCENTAGES OF ALL DEATHS FROM CANCER, 1947-1950 (ALL RACES)
(CITY ONLY) :**

Site	1947		1948		1949		1950	
	Deaths	%	Deaths	%	Deaths	%	Deaths	%
Pharynx	—	—	11	4.5	—	—	6	2.3
Oesophagus	6	3.0	13	5.4	15	5.9	13	4.9
Stomach	64	32.0	70	28.9	83	32.7	64	24.2
Rectum	15	7.5	10	4.3	13	5.1	13	4.9
Liver	16	8.0	22	9.0	11	4.3	22	8.3
Pancreas	5	2.5	7	2.9	10	3.9	5	1.8
Larynx	4	2.0	5	2.1	2	.8	6	2.3
Lung	23	11.5	26	10.8	38	15.0	36	13.6
Uterus	1	.5	3	1.2	5	2.0	9	3.4
Other Female Genital Organs...	12	6.0	22	9.0	16	6.3	20	7.6
Breast	25	12.5	11	4.5	9	3.1	21	8.0
Prostrate	6	3.0	6	2.4	7	2.8	10	3.8
Other Male Genital Organs ...	2	1.0	6	2.4	1	.4	—	—
Male and Female Urinary Organs	4	2.0	9	3.7	14	5.5	14	5.3
Other and Unspecified Organs...	17	8.5	21	8.6	30	11.8	25	9.5
Total	200		242		254		264	
Rate per 1,000 of Population ...		.6		.7		.7		.7

PERCENTAGE OF EUROPEAN DEATHS FROM CANCER IN RELATION TO ALL EUROPEAN DEATHS :

Site	No. of Deaths	%	Site	No. of Deaths	%
Pharynx	1	.08	Uterus	4	.34
Oesophagus	8	.67	Other Female Genital Organs	18	1.51
Stomach	41	3.43	Breast	19	1.59
Rectum	8	.67	Prostate	7	.58
Liver	8	.67	Other Male Genital Organs	—	—
Pancreas	4	.34	Male and Female Urinary Organs ...	11	.92
Larynx	4	.34	Other and Unspecified Organs	15	1.25
Lung	25	2.09			
			Total	173	14.48

It will be observed that among Europeans, during 1947-1950, Cancer of the stomach, lung, breasts and female genital organs accounted for approximately two-thirds of all deaths from Cancer.

FOOD POISONING :

This disease is not at present notifiable and there is no doubt that many familial and individual cases are not reported and escape notice.

In March, 1948, the Union Health Department was requested to declare (solely for the purpose of field investigations of disease) that food poisoning should be a notifiable disease within the district of the Durban Local Authority. Since that date, an exchange of correspondence has taken place and, in March, 1950, the Union Health Department agreed in principle to recommend favourably to the Minister provided notification was limited to instances where two or more persons were suspected to be suffering from poisoning due to the ingestion of food or drink. In June, a further letter was addressed to the Secretary for Health in which it was requested that the disease should be made notifiable subject to the following conditions and restrictions :—

- (1) That notification be limited to instances where two or more persons, being resident in and/or boarding at an hotel, boarding house or hostel or any premises, other than a private dwelling, where persons are lodged and/or boarded, are suspected to be suffering from poisoning due to ingestion of food or drink.
- (2) That the City Council shall not, under any circumstances, be held liable for hospitalising cases of food poisoning or for any part of any costs incurred in the hospitalisation of such cases ; and
- (3) That the notification of food poisoning be reviewed at the end of a period of three years from its commencement in order to ascertain whether the innovation has justified itself as a public health measure.

During the year, the number of instances of food poisoning reported to the Department were relatively few in number. Four of these were related to familial and individual cases and two to institutional outbreaks.

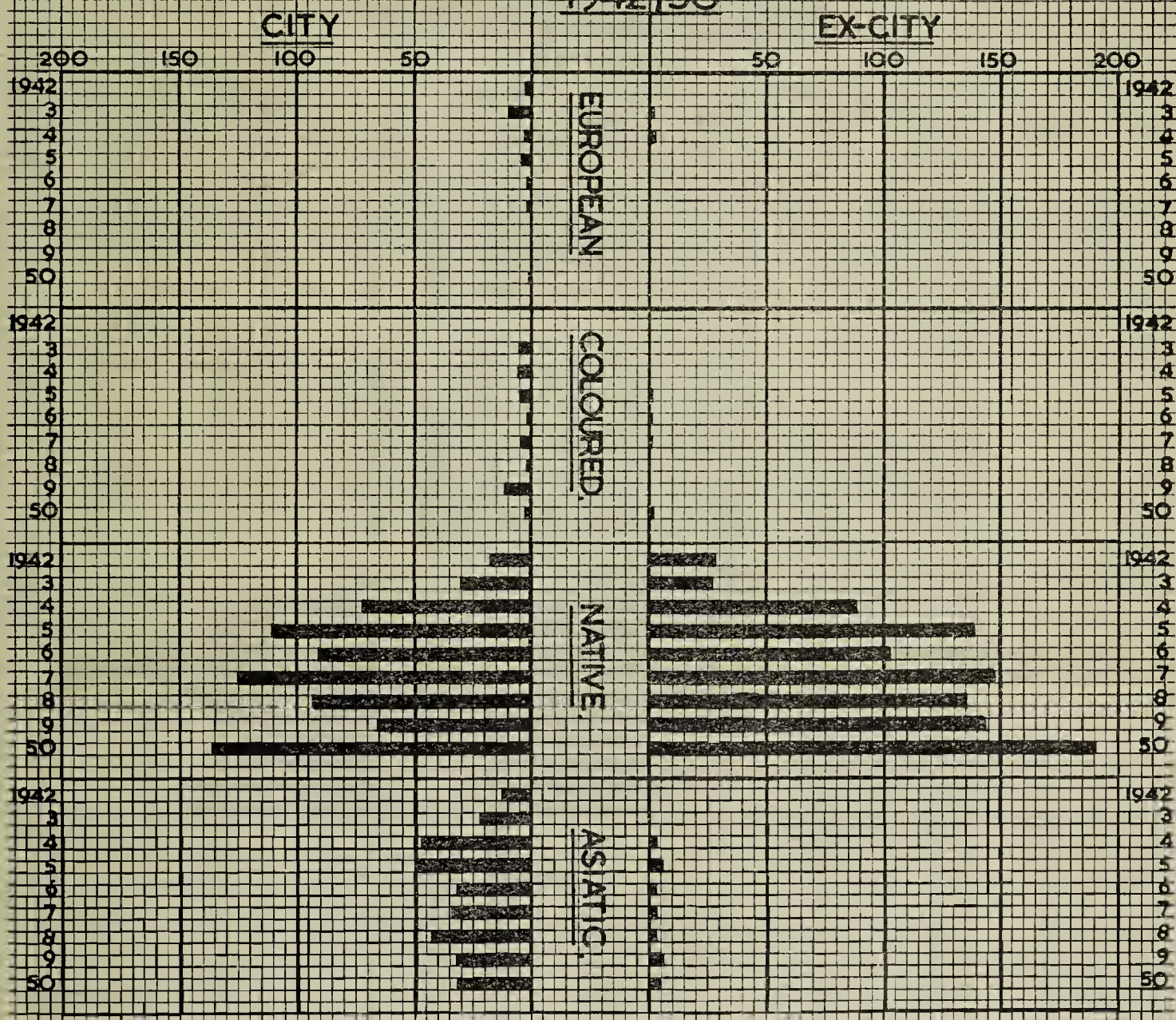
In the former group, there were two instances of adult males, living on their own, who sickened after partaking of pork fillet and pressed beef respectively, which had been stored at ordinary temperatures for approximately thirty hours before consumption. Lack of refrigerating facilities was also responsible for an outbreak of food poisoning amongst three adult males, who ate pork which had been purchased forty-eight hours previously. In a familial outbreak, three persons sickened shortly after consuming stale sausage-rolls.

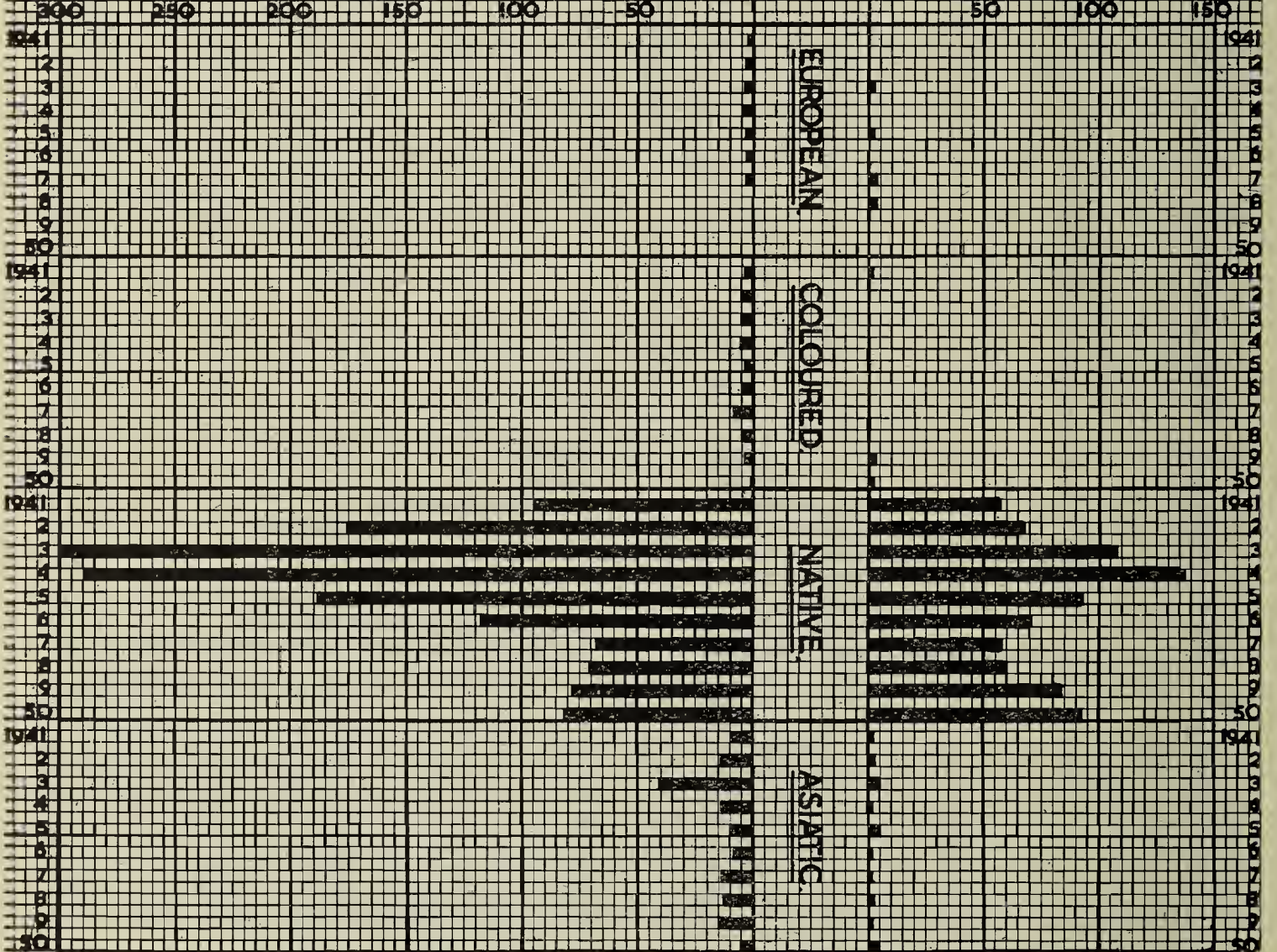
During October, an outbreak involving nearly thirty guests occurred at an hotel on the Berea. This was definitely of Salmonella origin and, though absolute proof was lacking, the weight of evidence pointed to custard as the agent contaminated. During the same month, an outbreak involving thirty-four scholars occurred at St. Theresa's Home. Unfortunately, the origin of the outbreak was not discovered. Suspicion at first rested on a "pot-boy" working in the kitchen, who had suffered from a diarrhoeal disease a few days previous to the outbreak. The possibility of some contaminating agent eaten at a church fair was also considered but excluded.

Although it was impossible to obtain a clear history from the lads concerned, the probable source was some foodstuff prepared by the patients themselves in old discarded containers lying in the neighbourhood of the institution.

CITY HEALTH DEPARTMENT— DURBAN. MALNUTRITION.

Deaths registered in Durban
1942/50





HEALTH CONTROL—NATIONAL AIRPORT, REUNION :

In March, 1949, a Conference, convened by the Administrator of Natal, was held in Durban to discuss, *inter alia*, the type of health control which should be exercised at the Reunion Airport. The meeting was attended by representatives of interested State Departments, the Provincial Administration, the Durban City Council and other local authorities. As the discussions were mainly exploratory in nature, no definite conclusions were reached in regard to the health implications following the establishment of an airport in this area.

Subsequently, the Department of Transport appointed a Committee, under the Chairmanship of the Commissioner for Civil Aviation, to enquire into and make recommendations on certain engineering and zoning problems which had arisen and also to "decide upon such steps as must be taken to implement the decisions of the International Sanitary Convention for Aerial Navigation." Representations from various Government Departments (including the Union Department of Health), the Provincial Administration and the Durban City Council constituted the membership of this Technical Committee which sat in Durban on the 23rd and 24th August, 1949. At its initial meeting, the Committee divided into two Sub-Committees, one to consider the question of health control at the Reunion Airport, and the other to consider the question of height restriction and zoning of buildings in the neighbourhood. Several recommendations concerning health requirements were adopted by the first Committee, the most important of which—from the angle of this Department—referred to the necessity, on epidemiological grounds, to vest the control of the Airport and the adjacent areas in one strong authority. The recommended authority was the Union Department of Health.

In the meantime, a petition had been presented by the City Council to the Provincial Administration praying for the excision from the City of that area which lay south of the line of the Umlaas River Canal. Whilst the Council were certainly influenced to take this step by the loss of a natural boundary, due to the deviation of the Umlaas River, and by the fact that the Aerodrome lands lay partly within and partly without the City, the main reason was the recognition of the need for an efficient health service to control the area surrounding the new airport.

On receipt of the petition from the Council, the Administrator appointed a Committee of Enquiry with Mr. C. C. Jarvis as chairman. The City Council presented its case before the Commission on the 19th and 20th December, 1949, and the report and findings of the Commission were published shortly after the end of the period under review. In passing, however, it may be stated that the Commission supported the Council in its viewpoint.

The establishment of the Reunion Airport involves a major health risk to Durban through the possibility of the introduction of Yellow Fever infection. The mosquito vectors of the disease are indigenous and seasonally prevalent throughout the City area and, in fact, throughout the Natal Coastal Belt. Realising the dangers, this Department has so far supported all measures which have for their objective—

- (1) The fulfilment of the provisions of the International Sanitary Convention as far as is practicable ;
- (2) The establishment of a strong authority to take charge of the health control measures of the areas contiguous to the Airport ; and
- (3) Freedom of action to step up its own programmes of anti-Aedes sanitation which will require expansion in view of the future risk of Yellow Fever infection from air traffic originating from or traversing through Africa's endemic areas.

Whereas the control of Anopheles—the Malaria vector—has been achieved in Durban by means of public works programmes of drainage and reclamation, that of Aedes—the Yellow Fever carrier—concerns the private individual—the householder and his family—almost exclusively. If each family kept their domestic premises free from Aedes breeding places, the problem would be solved. This is a task for Health Education and the Section concerned is about to undertake the preparation and presentation of film-strips illustrating measures appropriate to local conditions. Film-demonstrations and lecturettes will be given to all organised youth groups of all races until anti-Aedes sanitation becomes common knowledge and its performance "second-nature" with all Durban residents.

Details of the proposed programmes of health education and health inspection for Aedes control will be furnished in next year's Annual Report.

3. TUBERCULOSIS :

(i) MORBIDITY AND MORTALITY.

(a) The number of known cases of Tuberculosis in Durban is as follows :

	European	Coloured	Native	Asiatic	All Races
Respiratory	902	413	3,168	1,600	6,083
Non-Respiratory	140	65	141	72	418
All Forms	1,042	478	3,309	1,672	6,501

(b) and (c) The number of new cases notified, and of deaths recorded, are set out in the following tables, in addition to the notification- and death-rates per thousand of the population. Further, the total number of City notifications and deaths have been arranged in age-groups. An additional table, as well as a graph, are appended in order to indicate the progress of the disease during the last 7-year period.

A study of these statistics show that the total death-rate has, during the last five years, steadily declined from 11.05 in 1946 (the last census year) to 8.52 in 1950. Further, it will be observed that this is the second consecutive year in which the death-rate has declined simultaneously in each of the four races concerned.

This progressive improvement is highly gratifying and may be regarded as the result of—

- (a) Intensive control measures adopted during recent years in Durban jointly by this local authority and by the Tuberculosis Division of the Union Health Department ; and
- (b) Steady improvement in working conditions and living standards, especially nutrition in the case of industrially employed Natives.

As far as age-groups are concerned, the incidence is highest in the group 26–45 years in all races, except Indians whose maximum as during the previous year occurs in the 16–25 year group. The greatest number of deaths from Tuberculosis occurred as before, at a later age in Europeans than in the three non-European groups.

With regard to the incidence of Tuberculosis in the various occupations, in Europeans and in Coloureds, it is noted that the occupational-groups chiefly affected were housewives and labourers.

TUBERCULOSIS—STATISTICS:

	European		Coloured		Native		Asiatic		Total	
(a) Notifications :										
(i) <i>Pulmonary</i> :										
Local cases	160	(189)	133	(153)	1035	(1018)	419	(465)	1747	(1825)
Imported cases	91	(52)	23	(21)	1366	(1373)	126	(106)	1606	(1552)
(ii) <i>Non-Pulmonary</i> :										
Local ... cases	3	(9)	7	(7)	88	(86)	30	(54)	128	(156)
Imported cases	1	(—)	3	(—)	223	(208)	20	(10)	247	(218)
(b) Deaths :										
(i) <i>Pulmonary</i> :										
Local	34	(40)	28	(40)	378	(351)	142	(207)	582	(638)
Imported	15	(22)	7	(8)	497	(513)	32	(37)	551	(580)
(ii) <i>Non-Pulmonary</i> :										
Local	3	(7)	4	(3)	81	(61)	32	(26)	120	(97)
Imported	1	(1)	—	(—)	79	(77)	2	(1)	82	(79)

NOTIFICATIONS OF/AND DEATHS FROM TUBERCULOSIS (ALL FORMS) IN AGE GROUPS (CITY CASES ONLY) :

Age Group	NOTIFICATIONS									
	European		Coloured		Native		Asiatic		Total	
0—5	8	(9)	26	(47)	136	(101)	71	(58)	241	(215)
6—15	3	(13)	18	(19)	70	(72)	51	(60)	142	(164)
16—25	29	(31)	37	(24)	288	(254)	160	(181)	514	(490)
26—45	68	(83)	43	(48)	463	(475)	138	(164)	712	(770)
46—65	45	(45)	14	(19)	143	(175)	24	(43)	226	(282)
Over 65	10	(17)	2	(3)	23	(27)	5	(13)	40	(60)
Total	163	(198)	140	(160)	1123	(1104)	449	(519)	1875	(1981)

DEATHS:

Age Group	NOTIFICATIONS									
	European		Coloured		Native		Asiatic		Total	
0—5	—	(3)	6	(3)	114	(68)	15	(26)	135	(100)
6—15	—	(1)	1	(2)	22	(26)	16	(15)	39	(44)
16—25	2	(5)	10	(8)	79	(76)	64	(74)	155	(163)
26—45	15	(11)	9	(18)	144	(147)	65	(80)	233	(256)
46—65	16	(21)	4	(9)	79	(89)	13	(29)	112	(148)
Over 65	4	(6)	2	(3)	21	(6)	1	(9)	28	(24)
Total	37	(47)	32	(43)	459	(412)	174	(233)	702	(735)

NOTIFICATION AND DEATH RATES PER 1,000 OF THE POPULATION (CITY CASES ONLY) :

	European		Coloured		Native		Asiatic		All Races		Non-Europ.	
	N/R	D/R	N/R	D/R	N/R	D/R	N/R	D/R	N/R	D/R	N/R	D/R
Pulmonary :												
1950	1·21	·26	10·37	2·18	8·13	2·97	3·29	1·11	4·37	1·45	5·93	2·05
1949	1·46	·31	13·44	3·51	9·29	3·20	3·77	1·68	4·88	1·71	6·70	2·45
Non-Pulmonary :												
1950	·02	·02	·55	·31	·69	·63	·23	·25	·32	·30	·46	·44
1949	·07	·05	·61	·27	·80	·56	·44	·21	·42	·31	·51	·31
All Forms :												
1950	1·23	·29	10·92	2·49	8·82	3·60	3·52	1·36	4·69	1·75	6·39	2·49
1949	1·53	·36	14·05	3·78	10·09	3·76	4·21	1·87	5·30	1·92	7·21	2·76

N/R — Notification Rate. D/R — Death Rate.

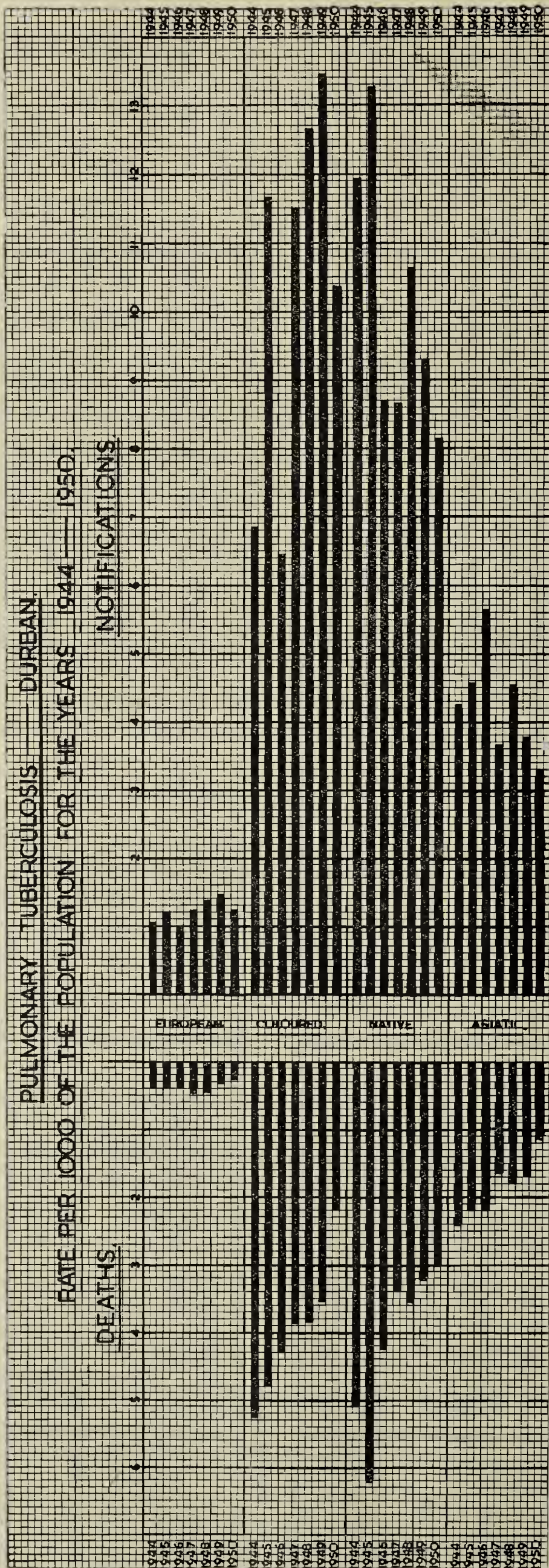
	European		Coloured		Native		Asiatic		Total	
Hospital Admissions	212	(172)	102	(83)	601	(753)	275	(372)	1190	(1380)
Clinic Attendances	6904	(5845)	1002	(815)	1355	(2190)	1354	(2612)	10615	(11462)
Patients Visited... ..	4481	(4228)	2054	(1865)	5838	(4544)	4646	(4141)	17019	(14778)
Hospital Discharges... ..	226	(273)	73	(93)	764	(1779)	315	(476)	1378	(2621)

PULMONARY TUBERCULOSIS. Comparison for the period 1944 to 1950.

	EUROPEANS							COLOURED							NATIVES							ASIATICS							
	1944	1945	1946	1947	1948	1949	1950	1944	1945	1946	1947	1948	1949	1950	1944	1945	1946	1947	1948	1949	1950	1944	1945	1946	1947	1948	1949	1950	
City :																													
Notifications	114	131	118	153	176	189	160	60	105	66	122	139	153	133	862	952	945	944	1163	1,018	1035	410	435	527	429	543	465	419	
Notification Rate per 1,000	1.05	1.19	.94	1.21	1.38	1.46	1.21	6.84	11.66	6.44	11.49	12.64	13.44	10.37	11.92	13.25	8.67	8.65	10.62	9.29	8.13	4.24	4.57	5.63	3.67	4.52	3.77	3.29	
Deaths	43	42	47	57	55	40	34	46	43	44	41	42	40	28	366	446	461	364	385	351	378	232	233	245	188	216	207	142	
Death Rate per 1,000 ...	.39	.38	.38	.45	.43	.31	.26	5.24	4.78	4.29	3.86	3.82	3.51	2.18	5.06	6.21	4.23	3.33	3.52	3.20	2.97	2.40	2.19	2.15	1.61	1.79	1.68	1.11
Imported :																													
Notifications	94	53	53	12	55	52	91	10	19	5	8	21	21	23	661	667	820	770	1328	1,373	1366	78	53	58	43	149	106	126	
Deaths	18	14	10	12	11	22	15	9	1	4	5	12	8	7	287	134	361	389	489	513	497	20	22	29	21	39	37	32	

NON-PULMONARY TUBERCULOSIS.

	EUROPEANS							COLOURED							NATIVES							ASIATICS						
	1944	1945	1946	1947	1948	1949	1950	1944	1945	1946	1947	1948	1949	1950	1944	1945	1946	1947	1948	1949	1950	1944	1945	1946	1947	1948	1949	1950
City :																												
Notifications	1	10	2	15	10	9	3	2	7	10	11	15	7	7	34	88	55	99	78	86	88	19	41	32	37	35	45	30
Notification Rate per 1,000	.01	.09	.01	.12	.08	.07	.02	.23	.77	.97	1.03	1.34	.61	.55	.47	1.22	.50	.91	.71	.80	.69	.19	.41	.28	.31	.29	.44	.23
Deaths	5	1	10	10	3	7	3	6	6	1	4	5	3	4	49	40	51	59	64	61	81	22	25	16	17	35	26	32
Death Rate per 1,000 ...	.05	.01	.08	.08	.02	.05	.02	.69	.66	.09	.38	.45	.27	.31	.67	.55	.47	.54	.59	.56	.63	.24	.25	.14	.14	.29	.21	.25
Imported :																												
Notifications	—	1	—	1	—	—	1	1	3	—	1	—	—	3	82	175	102	173	168	208	223	7	7	5	25	20	10	20
Deaths	1	3	4	1	1	1	1	1	1	2	1	—	—	—	34	39	29	59	75	77	79	2	5	1	6	1	1	2



THE FOLLOWING COMPRISE A LIST OF OCCUPATIONS OF PERSONS WHO DIED FROM
TUBERCULOSIS DURING THE YEAR :

EUROPEAN : PULMONARY :

CITY				IMPORTED			
Male		Female		Male		Female	
Accountant ...	1 (—)	Bookkeeper ...	— (1)	Clerks	2 (—)	Asst. Matron...	1 (—)
Bricklayer ...	1 (2)	Hairdresser ...	— (1)	Soldier	— (1)	Housewife ...	5 (6)
Barman	2 (—)	Housewife ...	9 (8)	Diamond Digger	— (1)	Nurse	1 (1)
Clerks	1 (4)	Invalid	— (1)	Engine Driver..	— (1)		
Chef	1 (—)	Sister of Mercy	— (1)	Fitter	— (2)		
Checker	1 (—)	Shop Assistant	1 (—)	Farmer	2 (2)		
Carpenter ...	1 (—)			Hairdresser ...	— (1)		
Com. Traveller...	1 (—)			Lorry Driver ...	— (1)		
Caretaker ...	— (1)			Miner	— (1)		
Chemist	— (1)			Plumber	2 (—)		
Electrician ...	1 (1)			Retired	— (2)		
Engine Driver...	— (1)			Steward	1 (—)		
Foreman	1 (—)			Social Worker..	1 (—)		
Fencer	1 (—)			Salesman	— (1)		
French Polisher	1 (—)			Seaman	— (1)		
Fitter	1 (—)			Transport Mgr.	— (1)		
Ganger	— (1)						
Gen. Storekeeper	— (1)						
Handyman ...	— (2)						
Independent ...	— (1)						
Linotype Op. ...	1 (—)						
Managing Director	1 (—)						
Motor Mechanic	1 (1)						
Miner	1 (—)						
Messenger ...	— (1)						
Medical Pract....	— (1)						
Overseer	1 (—)						
Plumber	— (1)						
Retired	2 (6)						
Rigger	— (1)						
Roadmaker ...	1 (—)						
Stockbroker ...	1 (—)						
Salesman	1 (—)						
Storeman	— (1)						
Wicker Worker	— (1)						
	24 (28)		10 (12)		8 (15)		7 (7)

EUROPEAN : NON-PULMONARY :

CITY				IMPORTED			
Male		Female		Male		Female	
Electrician ...	— (1)	Clerk	1 (—)	Retired	— (1)		
Infants	— (4)	Housewife ...	2 (—)	Seaman	1 (—)		
Invalid	— (1)						
Painter	— (1)						
	— (7)		3 (—)		1 (1)		

COLOURED : PULMONARY :

CITY				IMPORTED			
Male		Female		Male		Female	
Clerk	— (1)	General Asst....	— (1)	Labourers ...	5 (2)	Housewife ...	1 (4)
Foreman	1 (—)	Housewife ...	5 (16)	Painter	— (1)	Infant	— (1)
French Polisher	1 (—)	Infant	2 (1)			Machinist ...	1 (—)
Groom	— (1)	Machinist ...	1 (2)				
Handyman ...	1 (—)	Scholar	— (3)				
Infants	3 (1)	Shop Assistant	— (1)				
Jockey	— (1)	Trimmer	1 (—)				
Labourers ...	7 (8)						
Lorry Driver ...	2 (—)						
Laundryman ...	1 (—)						
Packer	1 (—)						
Painter	1 (1)						
Seaman	— (2)						
Shoemaker ...	— (1)						
Tailor	1 (—)						
	19 (16)		9 (24)		5 (3)		2 (5)

COLOURED : NON-PULMONARY :

CITY				IMPORTED	
Boiler Maker ...	—	(1)	Housewife ...	1	(1)
Infant ...	1	(—)	Scholar ...	1	(—)
Labourer ...	—	(1)			
	1	(2)		2	(1)

(ii) LOCAL FACTORS.

The low prevalence of tuberculosis among Durban Europeans rules out the sub-tropical climate with its trying heat and humidity in summer, as a factor in the etiology of tuberculosis locally.

The basic environmental factor is urbanisation of the non-European races, who suffer heavily in the process of adjustment from conditions of their primitive origin to those of a modern industrial city. Overcrowding, fatigue, lack of rest, poor feeding, lack of recreation and a low living standard generally, combine to create conditions ultra favourable to the spread of tuberculosis.

Important contributory factors are the belated discovery of “open” cases and the rapidity with which the minimal stage of pulmonary lesions is succeeded by the “open” or infectious stage. In this connection, the shortage of bed-space and the reluctance of Natives particularly to remain in hospital are to be noted as important.

The problem of tuberculosis among non-Europeans is largely a socio-economic problem, soluble in terms of improvement in their living environment, their advance to a higher earning capacity and higher standards of living—better housing, nutrition, education and recreation.

Medical aspects of the problem relate to :

- (a) The progress of primitive peoples toward a higher level immunisation against the infection ;
- (b) Improved case-finding as a precursor to :
 - (i) efficient isolation of “spreaders” ;
 - (ii) removal of cases in the early stages from work and fatigue.

(iii) LOCAL FACILITIES FOR TREATMENT AND SEGREGATION.

(a) INSTITUTIONAL.

The following are the hospitals, with the number of beds, in or near Durban, to which City cases are admitted :—

Hospital	European	Coloured	Native	Asiatic	All Races
King George V/Springfield (Union Health Dept.)	143	92	556	198	989
F.O.S.A. Settlement (Private) ...	—	2	—	67	69
Indian Immigration (Dept. of Immigration) ...	—	—	—	36	36
McCord (Mission) ...	—	8	28	20	56
St. Aidan's (Mission) ...	—	—	—	22	22
Wentworth (Provincial Government) ...	64	—	—	—	64
Umlazi (Mission) ...	—	2	159	2	163
Total ...	207	104	743	345	1,399

The above-named hospitals cater specially for tuberculosis cases.

In addition to these, a variable number of tuberculosis patients are usually to be found in Addington, King Edward VIII and the S.A.R. Hospitals, awaiting transfer to one of the other institutions.

During the year, 1,190 City cases were admitted to hospital. In addition, a slightly smaller number of imported cases was also admitted.

City admissions were as under :—

Europeans ...	212
Coloureds ...	102
Natives ...	601
Asiatics ...	275
	<u>1,190</u>

(b) EXTRA-INSTITUTIONAL.

Tuberculosis Clinics in Durban were held during the year at the City Health (Tuberculosis) Clinic, and at Springfield Hospital.

The City Health Clinic sessions are held on three days per week, and cater mainly for Europeans and Coloureds. This Clinic has continued to operate under the previous year's arrangement, whereby the institution has been loaned to the Union Health Department by whose staff it has been operated with administrative assistance from the City Health Department.

The Springfield Hospital out-patient Clinic has functioned on five days per week, and has dealt mainly with Native and Indian patients. In addition, artificial pneumothorax therapy, in respect of all races, has been carried out at this Clinic.

The following is a record of attendances at the out-patients Clinics during the year :

Name of Clinic	European	Coloured	Native	Asiatic	All Races
City Health ...	6,904	1,002	1,355	1,354	10,615
King George V/Springfield Hospital ...	—	—	—	—	4,515
Total ...					15,130

In addition to the above-mentioned clinical programme, the following case-finding services have operated during the year among selected groups of the community.

Firstly, the Union Health Department's Mobile X-ray Unit has conducted numerous surveys amongst groups of industrial workers, resulting in the discovery of a larger proportion than usual of early and "treatable" cases. In this programme, excellent co-operation and assistance have been given by the managements concerned.

Secondly, during the months, February to May, all Natives seeking permits to work in Durban were X-rayed at the Municipal Native Administration Department. A total of 31,400 Natives were X-rayed, out of which number 244 cases (or 0.7%) were discovered. The rate of incidence of tuberculosis was strangely the same for those who had not worked in Durban previously as for those who were returning to work in Durban. The total cost per Native X-rayed was approximately sixpence. The staff of King George V/Springfield Hospital kindly undertook this survey. Negotiations are now in progress for establishing this as a permanent service feature at the Native Administration Department, which has purchased a mass X-ray set for the purpose.

TRANSFER OF CITY HEALTH (TUBERCULOSIS) CLINIC.

There has been further delay in effecting the transfer of this building into Government ownership. Until this matter is finalised, it will not be possible for the Clinic to undertake all the functions for which it was designed, viz., diagnostic and therapeutic work in respect of all tuberculosis out-patients. There appears to be little doubt that the Clinic will ultimately be acquired by the Government, although this may not be finalised until next year. Financial negotiations have been settled more or less, but arrangements for staffing have not yet been completed.

(iv) PERSONAL EQUIPMENT FOR CASE-FINDING.

(a) RADIOLOGICAL AND FLUOROSCOPIC SERVICES.

These are available in Durban at the following venues :—

City Health Clinic	... ..	Large and Miniature X-rays and screening.
Springfield Hospital Clinic	... ..	Large X-rays and screening.
Mobile X-ray Unit	... ..	Miniature X-rays.
Native Administration Department	...	Miniature X-rays.

The various Hospital out-patient departments, incidentally, arranged these services by means of large X-rays.

(b) TUBERCULIN TESTING.

By means of both intradermal tuberculin and patch tests, tuberculin testing is being carried out extensively at the various Tuberculosis Clinics by the Visiting Staff of the City Health Department at the Government Health Centres and frequently in association with X-raying during case-finding surveys amongst groups of children.

(c) ROUTINE FOLLOW-UP WORK.

The home-contacts and work-contacts of every notified case are investigated. It is the rule that all home-contacts are referred to the Clinics. In the case of work-contacts, employed in commerce and industry, it is usually impossible, with present limited facilities, to examine all contacts except in those instances where the Government Mobile X-ray Unit undertakes surveys in loco. Otherwise, all close contacts at patients' places of work are referred to Clinics.

Experience during recent years has clearly indicated the scope and need for more than one Mobile Unit, working whole-time in the City amongst the staffs of business firms, schools and universities, Native and Indian barracks and compounds, etc. If this work could be undertaken for a continuous period of, say, three years, accompanied by the provision of approximately five hundred additional tuberculosis hospital beds, one is convinced that the total public expenditure on tuberculosis control, including the costs of this intensive campaign, during the next ten-year period, would be considerably reduced, owing to a reduction in the rate of spread of the disease in the community and a considerable shortening of the average stay in hospital. The death rate, also, would continue to decline at a greater rate than at present. There is no doubt that employers of labour, large and small, would welcome and co-operate whole-heartedly in such a programme.

(d) MEDICAL AND NURSING PERSONNEL.

The staff of the tuberculosis section of this Department consists of one Medical Officer, three Clerks, five European Health Visitors, four Native and four Indian Health Assistants.

The non-European Health Assistants undertake follow-up work amongst their respective races, whilst European and Coloured cases are investigated by the European Health Visitors.

Native and Indian Health Assistants assist at the non-European Clinic sessions at Springfield Hospital, whilst the European Health Visitors assist the Government Medical Staff at the European and Coloured sessions at the City Health Clinic.

Health Education in the domestic sphere is undertaken as part of the routine work of the Health Visiting Staff. Apart from this, the Health Education Section of the Department has, throughout the year, maintained an ambitious anti-Tuberculosis programme of health-talks and film shows to large groups of non-Europeans.

4. VENEREAL DISEASE.

There is one *European* V.D. Clinic in the Municipal area. Five sessions weekly are provided for European men, a total of 5½ hours. One session weekly is provided for European females, duration 2 hours. Both these Clinics are held at Addington Hospital. Urgent cases are attended to at any time of the day or night.

There are three *non-European* Clinics in the Municipal area. Fourteen weekly sessions are provided at these, a total of 45 hours weekly. All three clinics are closely associated with General Hospital (King Edward VIII, Addington and McCord Zulu Hospital respectively).

Four Medical Officers, three male and one female, are employed whole-time in V.D. work. One part-time Specialist is employed at Addington, and one part-time Medical Officer at McCord Hospital.

Total number of non-medical staff employed :—

At Wentworth Hospital :	2 European Nurses. 1 Male European Orderly. 1 Coloured Female Orderly. 2 Native Male Cleaners. 1 Native Female Cleaner.
At Addington Hospital :	1 European Male Nurse (whole-time). 1 European Sister (part-time) ; and 1 Sister and Staff Nurse from Wentworth attend the Out-patient Clinics.
At Non-European Clinic, Congella, are employed whole-time :	4 Bantu Nurses. 4 Bantu Clerks. 4 Bantu Orderlies. 2 Bantu Laboratory Technical Assistants. 1 Bantu Cleaner. 1 Bantu Dispenser.

V.D. STATISTICS :

	EUROPEAN				COLOURED				NATIVE				ASIATIC				TOTAL				GRAND TOTAL
	City		Imported		City		Imported		City		Imported		City		Imported		City		Imported		
	M	F	M.	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
New Cases	353 (367)	111 (74)	305 (415)	7 (7)	217 (140)	179 (107)	21 (31)	49 (46)	5,849 (5,890)	2,046 (2,027)	2,542 (3,307)	1,348 (1,681)	706 (686)	208 (190)	110 (167)	40 (32)	7,125 (7,083)	2,634 (2,398)	2,978 (3,920)	1,444 (1,766)	14,181 (15,167)
Ward Admissions... ..	57 (93)	51 (7)	52 (121)	2 (—)	94 (54)	138 (21)	9 (2)	6 (5)	874 (1,079)	935 (967)	858 (937)	1,172 (1,171)	7 (17)	16 (11)	5 (9)	1 (4)	1,039 (1,243)	1,127 (1,003)	921 (1,079)	1,179 (1,180)	4,266 (4,505)
Out-patient Attendances	2,133 (2,384)	1,396 (1,142)	632 (1,277)	46 (69)	1,410 (1,534)	2,804 (2,611)	62 (111)	133 (507)	28,248 (27,175)	12,934 (10,272)	10,604 (9,618)	6,221 (5,635)	2,049 (1,863)	650 (569)	201 (239)	109 (57)	33,833 (32,956)	17,587 (14,594)	11,499 (11,245)	6,509 (6,268)	69,428 (65,063)
Clinics held					347 (295)							531	531 (560)								878 (855)

FOLLOW UP STATISTICS :

The following table reflects the activities of the European Health Visitor and the Native and Indian Health Assistants in the following up of cases, defaulters, absconders and contacts.

	NEW CASES	CONTACTS LOCATED	DEFAULTERS LOCATED	ABSCONDERS LOCATED	VISITS ...	CLINICS ATTENDED
Europeans	37 (20)	46 (11)	109 (157)	1 (7)	661 (604)	48 (73)
Coloureds	66 (33)	57 (28)	405 (510)	4 (14)	999 (1,504)	48 (82)
Natives	1,004 (1,497)	571 (833)	767 (1,085)	4 (5)	4,436 (5,635)	53 (80)
Asiatic	134 (170)	102 (139)	1,011 (962)	5 (1)	1,651 (1,527)	59 (55)
Total	1,241 (1,720)	776 (1,011)	2,292 (2,714)	14 (27)	7,747 (9,270)	208 (290)

V.D. STATISTICAL COMPARISONS 1945 TO 1950 :

	EUROPEAN				COLOURED				NATIVE				ASIATIC				TOTAL				GRAND TOTAL
	City		Imported		City		Imported		City		Imported		City		Imported		City		Imported		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
New Cases :																					
1945...	238	135	369	11	172	88	218	21	4,168	1,942	1,801	867	532	155	300	77	5,110	2,320	2,688	976	11,094
1946...	302	85	316	109	150	86	186	114	5,527	1,971	1,758	1,017	242	232	36	34	6,221	2,374	2,296	1,274	12,165
1947...	420	116	740	5	154	108	130	23	6,590	2,205	2,274	1,198	457	278	37	39	7,621	2,707	3,181	1,265	14,774
1948...	434	86	579	7	166	88	59	43	6,234	2,026	2,800	1,363	637	194	187	43	7,471	2,394	3,625	1,456	14,946
1949...	367	74	415	7	140	107	31	46	5,890	2,027	3,307	1,681	686	190	167	32	7,083	2,398	3,920	1,766	15,167
1950...	353	111	305	7	217	179	21	49	5,849	2,046	2,542	1,348	706	208	110	40	7,125	2,634	2,978	1,444	14,181
Ward Admissions :																					
1945...	15	—	95	—	42	34	66	26	1,675	1,159	805	852	161	235	95	108	1,893	1,428	1,061	986	5,368
1946...	20	—	94	—	68	—	54	—	1,750	732	1,259	779	255	231	84	94	2,005	1,051	1,343	1,021	5,420
1947...	80	—	243	—	68	—	180	—	1,409	1,042	1,230	1,157	420	287	96	99	1,977	1,329	1,749	1,256	6,311
1948...	98	3	167	—	73	24	18	6	1,397	983	1,156	1,276	34	21	15	2	1,602	1,031	1,356	1,284	5,273
1949...	93	7	121	—	54	21	12	5	1,079	964	937	1,171	17	11	9	4	1,243	1,003	1,079	1,180	4,505
1950...	57	51	52	2	94	138	9	6	874	935	858	1,172	7	16	5	1	1,039	1,127	921	1,179	4,266
Outpatient Attendances :																					
1945...	2,510	1,240	1,008	490	2,055	1,017	660	351	19,553	11,271	8,859	4,940	2,439	747	1,118	339	26,557	14,275	11,645	6,120	58,597
1946...	2,627	2,148	648	485	2,212	1,464	328	258	22,786	13,241	4,304	3,628	2,375	1,707	56	49	34,500	18,560	5,336	4,520	62,916
1947...	3,004	1,467	1,561	54	1,694	3,030	522	825	30,301	13,307	10,531	6,448	2,715	2,239	177	133	37,714	20,043	12,791	7,460	78,006
1948...	3,243	1,305	1,449	20	1,797	2,956	210	520	28,565	11,954	10,787	6,214	2,192	757	425	103	35,797	16,972	12,871	6,857	72,497
1949...	2,384	1,142	1,277	69	1,534	2,611	111	507	27,175	10,272	9,618	5,635	1,863	569	239	57	32,956	14,594	11,254	6,268	65,063
1950...	2,133	1,396	632	46	1,410	2,804	62	133	28,248	12,934	10,604	6,221	2,049	650	201	109	33,833	17,587	11,499	6,509	69,428

Contacts are traced and defaulters rounded up by three Bantu and one Indian Health Assistant. One European Health Visitor traces European and Coloured contacts and defaulters.

Propaganda work is undertaken by Health Education Section of the City Health Department.

ANTE-NATAL CLINICS : The Municipal Ante-Natal Clinics have only just started doing routine Wassermann tests so no figures showing percentage of positives are yet available.

IN-PATIENT ACCOMMODATION : EUROPEAN AND COLOURED : European in-patients suffering from V.D. are now accommodated at Wentworth Hospital, where there are ten beds available for female and ten for males. Coloured in-patients are also accommodated at Wentworth Hospital, where six beds and four cots are provided for females and ten beds for males.

IN-PATIENT ACCOMMODATION FOR BANTU AND INDIANS : In-patient wards are provided at King Edward VIII Hospital for 60 male and 60 female patients.

GENERAL : A special evening clinic is held at the non-European Municipal Clinic for working men on Tuesday evenings.

A Minor Operation Clinic is held every Thursday afternoon in the V.D. Ward at King Edward VIII Hospital, where circumcisions diathermy and venereal warts, dorsal slits, biopsies, abscesses, etc., are dealt with. During the year, 464 cases were operated upon, 151 under general anaesthesia and 313 under local anaesthesia.

The Saturday afternoon Clinic at McCord Hospital caters for non-European cases who are unable to attend any of the daily sessions at the other clinics.

ANTE-NATAL CLINICS : Routine Wassermann tests are performed at Addington and King Edward VIII Hospital, all positive reactors being sent to the V.D. Clinics for treatment.

BLOOD TESTING : A daily average of 80 blood tests is performed at the Non-European Municipal Clinic, results being available in 24 hours.

5. PLAGUE AND PRECAUTIONS TAKEN.

Anti-pest measures primarily against rodents, mosquitoes, roaches and bugs were well maintained as a matter of routine. Other pests dealt with when the occasion demanded were flies, fleas, lice and mites. All operations were attended with satisfactory results.

Measures against mosquitoes previously directed mainly against Anophelines, were expanded to include elimination of Aedes around the Municipal Airport. This change became essential following upon the establishment of regular air services between Durban and endemic Yellow Fever Zones.

Different pests are dealt with under their relevant headings.

MOSQUITOES (Anti-Malaria) :

So far as malaria is concerned, all measures have been against the mosquito in its larvæ form. In the more or less restricted potential breeding places of malaria vectors, regular "spotting" followed up by drainage, reclamation and application of larvicide has prevented a build-up of *A. Gambiae* at any point in the City.

On two occasions, i.e., September, 1949, and March, 1950, breeding foci were located. The former was in the Merebank area when 17 *A. Gambiae* larvæ were found. The latter occurred on the Bay-head reclamation area where in brackish water 276 specimens of *A. Gambiae* var *melas* larvæ were collected and identified. Prompt measures by the City Health Department and the S.A. Railways and Harbours Administration respectively eliminated the vectors at the two points concerned.

Routine "spotting" resulted in the recovery of 11,210 specimens of Anopheline Larvæ of which 293 were *A. Gambiae* and *A. Gambiae* var *melas* referred to above. Thus the vector percentage of 2.6 is satisfactorily low.

Of all the larvæ identified none was a newcomer to Durban. The following table shows the species located :—

<i>A. Gambiae</i>	17
<i>A. Gambiae</i> var <i>melas</i>	276
<i>A. Leesonii</i>	196
<i>A. Ardensis</i>	3
<i>A. Cinereus</i>	972
<i>A. Coustani</i>	1,748
<i>A. Demeilloni</i>	1,301
<i>A. Listeri</i>	17
<i>A. Longopalpis</i>	44
<i>A. Maculipalpis</i>	1,017
<i>A. Marshalli</i>	370
<i>A. Natalensis</i>	53
<i>A. Pretoriensis</i>	3,691
<i>A. Squamosus</i>	259
<i>A. Squamosus</i> var <i>cydippis</i>	1,246
Total number of specimens examined	<u>11,210</u>

The usual programmes of ditching, draining and reclamation supplemented by bush clearance where necessary were undertaken.

In connection with larvicides, however, there was a complete changeover from oil to D.D.T. D.D.T. Emulsion (27½%) mixed with water at the area under treatment in the proportion of 1 part emulsion to 300 parts water has proved to be a highly effective larvicide.

Apart from effective control of larvæ, the saving in cost of material is tremendous. One gallon of diluted emulsion costs 0.65d. as against 1s. 2d. per gallon for oil. Even doubling the gallonage of D.D.T. sprayed by comparison with oil still results in a saving of nearly 90% in expenditure.

MOSQUITOES (Anti-Yellow Fever) :

When direct air services between endemic Yellow Fever areas and Durban were inaugurated, at the beginning of the year under review, anti-Aedes measures at, and in the vicinity of, the Durban Municipal Airport were applied immediately.

A control system adopted after consultation with the Port Health Authorities provided for both anti-adult and anti-larval measures. Briefly the scheme was as follows :—

(a) FUNCTIONS OF PORT HEALTH AUTHORITIES :

- (1) Disinfectisation of incoming aircraft before disembarkation of passengers ;
- (2) Medical inspection of crew and passengers on incoming aircraft ;

- (3) General inspection every week of all buildings and land within the airport boundaries for conditions favourable to the development of mosquitoes ; and
- (4) Co-operation with Hygiene Personnel at U.D.F. Natal Command Headquarters and general inspection of South African Airforce buildings at the south-west corner of the Aerodrome.

(b) FUNCTIONS OF THE CITY HEALTH DEPARTMENT :

- (1) Bi-weekly inspection of all buildings and grounds outside airport fences in a belt up to 400 metres wide. Immediate destruction of any mosquito development found ;
- (2) Each Saturday all areas, including the beach, frequented by sport and picnic parties and the like are scavenged of tins, bottles and other articles capable of holding water. Sanitary accommodation on sports grounds are examined and treated if necessary. All water courses are cleared, regraded and sprayed with larvicide ; and
- (3) Every three months the inner walls of the main administration block of the Airport are sprayed with D.D.T. solution.

BUGS :

In barracks and institutions serviced by the Field Hygiene Section, bugs may be regarded as non-existent today. D.D.T. and D.D.T./B.H.C. solutions have entirely superseded fumigation by means of Hydrogen Cyanide.

Though D.D.T. alone is entirely satisfactory for the destruction of bugs, it is now common practice in Durban to use D.D.T. combined with B.H.C. which gives control over any co-existing roach infestation as well.

Most Hydrogen Cyanide fumigations in Durban are carried out by licensed operators on a three-month contract basis, the work being confined mainly to Native quarters in flats, houses, hotels and factories.

Such premises, with few exceptions, may be regarded as being prone to bug infestation and fumigation with Hydrogen Cyanide gives a 100% immediate kill. But as H.C.N. entirely lacks residual effect, re-infestation commences shortly after occupation is resumed.

The most unsatisfactory feature about the use of Hydrogen Cyanide for bugs is its highly dangerous nature. To-day there is no justification for exposing persons and animals to the hazards of this deadly gas when D.D.T. can be utilized in perfect safety and with better end-results.

With the employment of D.D.T. the complete elimination of bugs is a matter of extreme simplicity, economy and safety coupled with no inconvenience to occupants.

The "residual effect" of the D.D.T. prevents any re-infestation for periods of many weeks. Simple D.D.T. treatments at intervals of three months guarantee that premises remain bug-free.

Occupiers of barracks regularly subjected to D.D.T. treatment are enabled to enjoy complete freedom from bugs. This condition is impossible to achieve by means of fumigation with Hydrogen Cyanide.

The position now arises when a responsible Local Authority can no longer encourage the continued use of Hydrogen Cyanide Fumigation for the destruction of bugs.

In view of the foregoing the City Council has made representations to the Minister of Health seeking powers to prohibit the use of Hydrogen Cyanide for the destruction of bugs in dwellings.

FLIES :

Where used against fly development on refuse tips, composting sites, manure heaps and other troublesome spots, D.D.T. in dust, emulsion and solution forms gave very satisfactory results.

LICE :

Anti-louse work comprised treatment of cells at the City Police Station with D.D.T. in dust and solution forms, and the de-verminisation of two indigent out-of-work European males. In dealing with these persons their heads, bodies and clothing were literally dusted with D.D.T.

In addition, five European females were dusted by members of the Health Visitors' Section.

RODENTS :

A staff of four competent Europeans assisted by five trained Indians is responsible for the routine anti-rodent campaign in the City of Durban.

Their activities include, primarily, the destruction of rodents and sampling for "plague-index" and, secondarily, the conduct of methodical surveys to familiarise themselves with all potential danger areas so as to be able to apply necessary suitable measures to the best advantage.

PLAGUE AND MEASURES TAKEN AGAINST PLAGUE AND RODENTS, INCLUDING RAT-PROOFING OF STORES AND OTHER BUILDINGS :

- (a) The four European members of the rodent staff have full knowledge of rodents, signs of rodent infestation and significance of rodent mortality ;
- (b) The above officials are competent in anti-rodent work, including the use of Cyanogas ;
- (c) The commonages were examined regularly each month by the above officials ;
- (d) No undue prevalence of rodents was discovered, neither was there any unaccountable mortality ;
- (e) Black and brown rats and, to a lesser extent, mice were found in houses and stores. On very few occasions do the brown and black rat infest the same building. In some instances, multimammate mice have been encountered in houses in newly developed residential areas ;
- (f) The actual number of Grain Stores and Millers in the area is difficult of computation but a line can be drawn through applications for trading licence renewals which, at the end of 1949, were as follows :

Fresh Produce Dealer :	European	...	...	...	355
	Native	...	...	...	8
	Asiatic	...	...	...	951
	Total	...	...	...	<u>1,314</u>
Millers :	European	...	...	...	16
	Asiatic	...	...	...	3
	Total	...	...	...	<u>19</u>

- (g) Rodent-proofing of buildings is supervised by the Health Inspectorate who are fully conversant with the regulations and are ever ready to advise on the "building-out" process, whilst new buildings are in course of construction and the best methods of preventing ingress to existing premises ;

- (h) (i) ON COMMONAGES.—Water-rats were dealt with by means of poisoned (strychnine) grain. In the case of brown rats in burrows, Cyanogas "A" Dust was used.
- (ii) IN LOCATIONS.—Phosphorus baits, gas and traps were regularly used in locations. When conditions permitted, gas was always exploited to the full.
- (iii) IN TOWN.—Trapping was carried out to enable recovery of carcasses. Where feasible, poison baits and gas were used in rat destruction.

Baits laid	103,576
Traps set	17,925
Cyanogas "A" Dust used	1,041½
Rodent carcasses recovered	9,957

- (i) Durban has 10 Cyanogas Pumps, all in good working order.

STATISTICS :

Rodents :

Premises trapped for Plauge index	1,774
Baits laid	103,576
Traps set	17,925
Cyanogas used—lbs.	1,041½
Rodent carcasses recovered	9,957
Rodents examined for B. Pestis	688

Mosquitoes :

Larvicide used—Oil—gallons	7,851
Larvicide used—0.09% D.D.T. Emulsion—gallons	10,305½
Ditches cleared—yards	530,710
Land cleared—acres	99
Larvæ identified in Section Office	11,210
Disinfectant used—gallons	1¼
Other spraying fluids used—Pyagra—gallons	14

Roaches :

Sewer manholes sprayed	56,289
Stormwater manholes sprayed	37,047
Gutter-bridges sprayed	23,109
Water valves, gullies, etc., sprayed	18,352
Drainage manholes sprayed	24,398
Spray used—D.D.T./B.H.C.—gallons	2,987

Bugs :

Premises fumigated by Section	Nil
Premises fumigated by private firms	2,001
Number of rooms treated with D.D.T.	11
Number of rooms treated with D.D.T./B.H.C.	361
Material used—D.D.T.—gallons	7
Material used—D.D.T./B.H.C.—gallons	424½

Vehicles : Mileage :

Anti-Plague Unit—NDC.777	3,617
Anti-Malaria Truck—NDC.1163	8,039
Anti-Roach Van—NDC.4876	18,859
General Duties Van—NDC.907	14,895

Health Assistants :

Visits	27,146
Complaints investigated :	
Rodents	62
Mosquitoes	164
Roaches	109
Fleas and Ticks	3
Bugs	—
Premises corrected :	
Rodents	59
Mosquitoes	168
Roaches	27

First Grade General Assistants :

Visits	9,646
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Native Health Assistants :

Visits to Municipal Properties	4,900
Visits to Non-European Properties	5,919
Control advices given	1,859
Control advices complied with	2,506
Tubes of Larvæ for identification	717

6. IMMUNISATION.

During the year two important modifications were introduced in the organisation of the immunisation programme. Firstly, the field staff allocated to this work was divided into two teams, one of which took charge of the work in schools and the other operated with the Mobile Van in the added areas of the City. In this manner, the first team was primarily concerned with immunisation against diphtheria whilst the second was chiefly responsible for vaccination against smallpox and typhoid immunisation. This tactical division of forces with defined functions has led to a continual expansion of the work and has proved a great success.

Secondly, the work of the Mobile Clinic has been placed on a planned basis. All such Clinics, except, of course, in times of emergency, are held according to a time-and-place schedule which ensures that all areas outside the Old Borough are visited regularly at least twice a year in definite rotation. In other words, a "sweeping barrage" is constantly in action from one end of the town to the other, thus maintaining the immunity state of the Non-Europeans at a high level, particularly as regards vaccination.

In addition to the above, Schick testing has been placed on a proper footing and a special clinic for performing this test has been arranged once a week at Gale Street.

A 75 % "coverage" is usually regarded as rendering a school-group safe from epidemic diphtheria. In order to attain as high a percentage as possible, a system has been introduced whereby non-co-operative parents, who fail to take advantage of the protective facilities offered, through ignorance and prejudice, are visited by a member of the staff and the advantages of immunisation explained to them. It has been found that this follow-up system is well worth while as many parents change their attitudes as a result of these interviews.

The normal programmes for diphtheria immunisation and vaccination were disrupted during the year owing to the emergencies which arose as a result of the introduction of smallpox into the City in August and the outbreak of diphtheria which lasted for several weeks during the second half of the year under review.

As regards the results of the work of this Section, it is gratifying to record that the immunisation service continued to be well supported by all races. However, the difficulty of persuading non-Europeans to present their children for more than one prophylactic injection still remained.

The total number of persons immunised against diphtheria during the year was higher than in any previous year. The sharp outbreak of diphtheria mentioned earlier helped in this direction by inducing many parents to seek protection of their children. Furthermore, as a result of this outbreak, it was decided to organise the work in the Durban schools so that by the end of the calendar year 1950 all schools in the City—both European and Non-European—would be covered by the service. By these measures, only new entrants to the schools and those children requiring "booster" doses will require attention during the next calendar year. By the end of June, 1950, this scheme had made favourable progress.

In March, 1950, cables appeared in the local Press from overseas in which reference was made to sources of medical evidence which seemed to establish that there was a significant connection between some cases of Poliomyelitis and recent immunisation. This was followed by a certain amount of correspondence in the newspapers, a section of which was highly critical of the protective benefits afforded by immunisation. At this stage, the Department was engaged in a heavy immunisation programme as a result of an increased incidence of diphtheria in the City.

During the middle of April, a few cases of Poliomyelitis were reported in the City and its adjacent areas and, in view of the reports received from overseas, it was decided to recommend the suspension of the Department's service until the position could be clarified. As no further cases of Poliomyelitis occurred during the next fortnight, the programmes were resumed, but all European parents were requested again to indicate their willingness for this measure to be carried out.

The replies received were illuminating. Out of 8,038 parents who were approached for consent to complete their children's courses, only 273 refused, giving a percentage of 3.39%. This revealed a very satisfactory state of affairs and showed how high was the public's confidence in the services run by the Department. These results could only have been obtained by the support given by local medical practitioners and by a process of good indoctrination over a period of years.

The figures for vaccination showed an increase over previous years owing to the programme adopted, following the threat of smallpox which emanated from the Transvaal and parts of Natal and Zululand. The response at both the mobile and State clinics was most encouraging.

Routine vi-testing for the Enteric "carrier" state was continued throughout the year. The number of food- and milk-handlers examined were as follows :—

Europeans	35
Coloureds	6
Natives	1,543
Asiatics	247

Of these, 19 Natives and 6 Asiatics proved "positive" and were excluded from food-handling occupations.

The following tables set out the figures for complete and incomplete immunisation for all races :—

IMMUNISATION :

Individual immunisations for the year were as under :—

	European		Coloured		Native		Asiatic		Total
Diphtheria :									
Partial	5,011	(2,419)	1,353	(236)	1,788	(772)	4,833	(5,098)	12,985 (8,525)
Complete	7,945	(2,896)	1,124	(81)	1,481	(370)	4,982	(5,946)	15,532 (9,293)
Combined Diphtheria and Whooping Cough :									
Partial	2,594	(1,738)	513	(204)	791	(203)	328	(109)	4,226 (2,254)
Complete	1,224	(900)	166	(65)	89	(47)	43	(29)	1,522 (1,041)
Enteric :									
Partial	65	(59)	9	(10)	1,763	(3,270)	943	(360)	2,780 (3,699)
Complete	229	(67)	41	(43)	1,521	(2,295)	511	(276)	2,302 (2,681)
Vi-Tests :									
No. taken	35	(36)	6	(3)	1,543	(1,656)	247	(55)	1,831 (1,750)
Positive Reactors	—	(—)	—	(—)	19	(50)	6	(—)	25 (50)
Swabs taken ...	553	(326)	121	(88)	162	(55)	215	(125)	1,051 (594)

SMALLPOX VACCINATION :

DURBAN

Births and Vaccination Register	3,635
Successfully Vaccinated	1,645
Insusceptible to Vaccination	94
Postponed owing to illness	9
Previously had Smallpox	—
Deaths of Children under 2 years registered	166

Vaccination : 12 years old and others :

Successfully Vaccinated	87
Insusceptible to Vaccination	2
Postponed owing to illness	—

Exemption Certificates granted	16
Exemption Certificates refused	1
Exemption Certificates refused in terms of Section 100 (2) of Public Health Act No. 36 of 1919	—

Sports Grounds. These have been of considerable benefit to the residents and have been kept in good order and condition.

9. MEAT SUPPLIES.

System of Slaughtering. Bovines are stunned by means of humane killers of the captive bolt type. Animals for Jewish and Mohammedan consumption are slaughtered by means of throat cutting in accordance with the religious belief of these sections of the community. In all cases, stunning or casting pens of approved types are used. Pigs are slaughtered by means of an electrically-operated stunner known as an "Electrolethaler." Sheep and goats are killed by the throat cutting method to meet the requirements of the Asiatic community.

Slaughterhouses. Two slaughterhouses are in operation in this City—

- (a) The Municipal Abattoir, controlled by the local authority ; and
- (b) The Federated S.A. Meat Industries, Ltd., Maydon Wharf, at which, up to the present, meat inspection has been carried out by officials of the Government Veterinary Department.

Disposal of Waste Products. Condemned meat and the blood of slaughtered animals are converted into valuable by-products which are in great demand amongst the farming community for feeding livestock.

Butcher Shops. The inspection of these premises falls under the jurisdiction of the Health Department. All meat exposed for sale must have been inspected, passed and stamped at the Municipal Abattoir.

Condemned Meat. Condemned meat is sterilised and converted by means of digesters into carcase meal and tallow, in terms of the Regulations published in Government Notice No. 2118 of 1924, as amended.

Improvements during the Year. Cold storage installation converted throughout to dual purpose, i.e., chilling/freezing. Modernisation of by-product plant is now being planned.

Meat Imported from Outside Sources. The movement of all meat supplies as well as livestock is controlled by the Livestock and Meat Industries Control Board, and the introduction of any meat into a controlled area without a permit from the Board is illegal. When supplies at any centre fall short of requirements, the Board endeavours to meet the deficiency by transporting meat from other points. This imported meat is always re-inspected by the Municipal Authorities at Durban before it is issued to the trade.

The number of animals slaughtered and condemnations during the year was as under :—

	Bovines	Swine	Sheep & Goats
Slaughtered	67,038 (66,525)	75,384 (80,975)	26,148 (114,351)
Whole carcases condemned	1,959 (2,514)	3,421 (5,127)	62 (271)
Portions of carcases in lb. weight condemned ...	510,639 (287,779)	70,590 (72,153)	46,317 (131,435)

10. DAIRIES AND MILK.

Total number of dairy inspections	4,053
Written notices sent out with instructions to remedy certain defects within specified times	355
Personal notices to remedy minor defects	481
Notices to producers	1,670
Chemical tests	252
Bacterial tests	200
Blood Smear Counts	6,879
Sediment Disc Tests (Visible Dirt)	1,590
Phosphatase Tests	536
Biological Tests (T.B.)	99
Ex City Dairy Inspections	42
Dairy Personnel Inoculated and Vi-tested	1,090
Dairy Personnel Positive Vi-tests	5

Prosecutions :—

Unlicensed trading : Number of cases	4
Exposure to contamination : Number of cases	2
Unhygienic production : Number of cases	3
Cow-keeping without permit : Number of cases	2
Food, Drugs and Disinfectants Act : Number of cases	3
Obstruction (Sec. 146 of Public Health Act)	1

Nature of Supplies. The daily consumption of milk is approximately 25,400 gallons, of which 24,500 gallons, or 96%, is pasteurised. Raw milk is produced by 11 local producer-distributors, and milk for pasteurisation is produced by some 768 farm producers situated throughout Natal, East Griqualand and the Eastern Free State.

System of Supervision and Control. This is carried out by a Veterinary Officer and three Dairies Inspectors. All dairies and milk depots are inspected in relation to layout, structure, design, light, ventilation, refrigeration, sterilisation, bottling, sundry equipment, milking operations, health of producing herd, general conduct of business, Native quarters, sanitation, etc.

In addition, statutory surveillance on chemical and bacterial standards of the City's milk supply is maintained. The whole scheme is supported by an extensive sampling and testing programme, giving valuable information respecting the standards of hygiene, safety and quality.

Furthermore, technical advice and demonstrations are given to dairymen and milk dealers in regard to proposed new buildings, alteration and repair schemes, types of apparatus and equipment, and all relevant aspects of milk production, handling and distribution.

Registration and Inspection. Under the existing By-laws all producer-distributors and distributors are licensed and registered. Up-country producers of milk intended for pasteurisation are not licensed or registered and do not come under any form of control or inspection. As a prelude to control under proposed new By-laws, weekly samples are submitted to laboratory examination.

Distribution. Milk is dispatched to City depot by road and rail in cans, and also by road in stainless steel tankers which are filled at up-country balancing stations.

Milk is distributed from 8 pasteurising depots and 9 raw milk producer-distributors.

Milk Laboratory. Samples of milk collected by Dairies Inspectors and Health Assistants are examined in this laboratory by two lady Technicians under the direction of the Veterinary Officer.

Testing programme :—

(a) **Producer Milk.**

Because of the bearing which the quality of this milk has on the final pasteurised product, weekly samples, in rotation, are taken for tests :—

(i) **VISIBLE DIRT :**

Samples tested	...	...	...	...	...	...	...	1,590	
Samples clean	...	...	...	...	...	...	...	216	(14%)
Samples fair	...	...	...	...	...	...	...	696	(44%)
Samples dirty	...	...	...	...	...	...	...	504	(31%)
Samples very dirty	...	...	...	...	...	...	...	174	(11%)

(ii) **BACTERIAL COUNT :**

Using a dividing line of 1,000,000 organisms per cubic centimeter to distinguish between “good” and “bad” samples, 6,879 samples were tested (Blood Smear Count). The failure percentage over the last three years is as follows :—

Season	1947/1948	1948/1949	1949/1950
Summer	57%	54%	54%
Winter	20%	23%	26%

(iii) **MASTITIS INFECTION :**

Samples were examined for traces of contamination with the secretion of quarters affected with Chronic Streptococcic Mastitis. Over the last three years the incidence of positive samples was as follows :—

Year	1947/1948	1948/1949	1949/1950
Incidence	20%	20%	19%

The improvement noted is no doubt due to :—

Notification of positive findings ;

Better methods of treatment by penicillin and other drugs ;

Advice and information by this Department by means of a special Mastitis Circular on ways and means of detecting Mastitis and combatting its spread and limiting its effects.

(b) **Consumer Milk.**

Once weekly samples from every local depot and producer-distributor are obtained, and examined as follows :—

(i) **PASTEURISING EFFICIENCY :**

By means of the Rapid Scharere Phosphatase test, efficiency of pasteurisation is tested.

Year	Samples Tested	Passed	Failed
1949/1950	536	519	17 (3%)
1948/1949	517	496	21 (4%)
1947/1948	519	577	14 (2.5%)
1946/1947	502	464	38 (7.5%)
1945/1946	259	245	14 (5.5%)

In 1944, when the Phosphatase test was introduced, 13% of samples were failures. There has thus been a steady improvement.

Upon notification, the Dairies Inspector inspects plants giving unsatisfactory samples and faults of temperature recordings, thermometers, holding times, rate of flow, etc., are detected and remedied.

(ii) **MASTITIS INFECTION :**

Weekly samples from raw milk producer-distribution are examined for traces of Chronic Streptococcic Mastitis contamination :—

Samples examined	...	...	...	...	...	103
Number of Positive Samples	...	...	...	...	...	11 (10%)

This figure compares favourably with that for outlying farm producers, and indicates the value of accessibility for the control and examination of dairy herds in ensuring a safe and clean milk supply.

(iii) **BACTERIAL CONTENT :**

By means of the Presumptive Coli test and the Plate Count, samples of raw and pasteurised milk are examined weekly, in rotation, so that each supplier is sampled about every four weeks.

Number of Samples	B. Coli Test		Plate Count	
	Passed	Failed	Passed	Failed
200	41	159	59	141

(iv) CHEMICAL COMPOSITION :

All distributed supplies are sampled in rotation about every fourth week and of 252 samples taken, 7 failed to comply with the standard. Prosecutions follow failure to comply.

(v) BIOLOGICAL T.B. TEST :

Every week two raw milk samples are subjected to this test. One sample was found positive in a total of 99 samples. The milk from the dairy concerned was pasteurised while investigations were proceeding, and eventually the offending animal was detected and removed, subsequent to which the ban on the sale of raw milk was lifted.

Milk in Relation to Infectious Diseases.

(i) ANIMAL HEALTH :

This matter has again received considerable attention since the appointment of the Assistant Veterinary Officer in March, 1950.

(a) TUBERCULOSIS.—A total of 99 samples of milk were examined biologically for the presence of *M. Tuberculosis*. One sample was found positive and while the herd was being examined, the milk was pasteurised. A cow with a tuberculous quarter was eventually detected and slaughtered.

Regular clinical examination of all cows in the producer-distributor herds aims at detecting cases of tuberculosis at an early stage.

(b) Reference has already been made to *Mastitis* in a previous section. Extensive herd tests and clinical examinations are a regular procedure and are intensified when a bulk sample is found to be positive to the test for Chronic Streptococcic Mastitis.

Producers are encouraged to keep the incidence of this disease as low as possible. Reference has also been made to the disease in milk for pasteurisation. A special pamphlet giving detailed information on the disease is issued in both official languages in an effort to improve the position.

(c) BRUCELLOSIS.—In collaboration with the Division of Veterinary Services, milk from outlying producers is tested by the Ring test to indicate the presence in the producing herd of this disease of 118 samples. 15 or 13% were found positive.

The position of this disease in local producer-distributor herds was fully investigated in 1947.

With the appointment of the Assistant Veterinary Officer, the matter again received attention. The Ring test was applied to bulk samples and herds giving positive samples were group-tested until the offending cows were detected. Blood samples were drawn from each cow for a confirmatory agglutination test, and samples of milk from these cows were also subjected to biological tests. The object of this investigation was to indicate the incidence of the disease and to determine to what extent cows with the disease are affecting the safety of the milk supply. A full report will only be available when the protracted tests have been completed.

(ii) PERSONNEL HEALTH—DAIRY EMPLOYEES :

(a) VI-TESTING AND IMMUNISATION.—The first line of defence against an outbreak of milk-borne Enteric is the Department's vi-testing and immunisation programme for milk trade personnel.

As a pre-requisite to a favourable health report on all applications for new or renewal of licences to engage in the milk trade, applicants are required to undertake to employ only personnel which has given a negative reaction to the vi-agglutination test and has been immunised against Enteric Fever.

In the absence of specific health legislation to demand vi-testing and immunisation of milk trade employees, the campaign has embodied much of a voluntary nature but, due to a system of constant check-up and contact by the Department, any shortcomings in co-operation by the interests concerned have been overcome. However, the requisite provision has been inserted in the proposed new Milk By-laws for the City rendering the employment of only vi-negative and Enteric-immunised labour obligatory.

The Department conducts a bi-weekly clinic service for vi-testing and immunisation of milk trade personnel. Immunisation against Enteric comprises an initial treatment consisting of two doses (respectively, .75 c.c. and 1.2 c.c.) of Typhoid Endotoxoid given at a fourteen days' interval, followed by an annual "booster" dose of 1 c.c.

All persons giving a positive reaction to the vi-agglutination test are rigorously excluded from employment in the milk, or any other food, trade until certified free from infection.

By arrangement with the Provincial hospital authorities, since January, 1947, Enteric "carriers" have undergone a course of Deep X-ray Therapy with very satisfactory results, approximately 75% having given a negative reaction to subsequent vi-testing.

Set out hereunder are figures showing the number of dairy personnel examined during the year :—

Total number of milk-handlers vi-tested	1,090
Total number of positive reactions to vi-test	5
Total number of immunisations given against Enteric Fever (Initial and "Booster" treatment)	1,090

(b) HEALTH EDUCATION.—Concurrent with attendance at the vi-testing and immunisation clinics, non-Europeans are given appropriate health educational talks by Bantu and Indian lecturers, particular emphasis being laid on the channels of infection and the need for a high standard of personal hygiene.

In addition to visual education by means of suitable film shows, at premises employing a sizeable labour force, health inspections maintain a constant watch for infringements of the personal hygiene code, both on the premises and the streets. Personal hygiene constitutes a major feature in safe milk production.

Epidemic Precautionary Measures. Immediately following up the discovery of a positive or suspected case of Enteric Fever or Bovine Tuberculosis at a producer-distributor's premises (i.e., a raw milk dairy), steps are taken to enforce efficient pasteurisation (at approved milk depot) of the whole milk output, failing which disposal to waste by discharge into sewer or other approved means.

"Pirate" Milk. Information obtained in connection with unlicensed suppliers is carefully investigated and, when sufficient evidence is obtained, these offenders are prosecuted.

Prosecutions. A total of 15 prosecutions for contraventions of the Food, Drugs and Disinfectants Act, Public Health Act and Public Health By-laws, in so far as they relate to the milk trade, were undertaken during the twelve months ending June, 1950.

One firm of milk distributors successfully appealed in the Supreme Court against a conviction under Section 113 (1) of Public Health Act 36 of 1919. Dumping crates of milk on public pavements. Specific legislation covering this matter will have to be promulgated to give effective control.

Cowkeeping is permitted within the City only under permit from City Medical Officer of Health.
Sections 101-106 of Public Health By-laws make provisions for :—

- (i) Registration of Cowkeepers.
- (ii) Restricting number of cattle kept in certain circumstances.
- (iii) Necessary stabling, building and drainage, etc.
- (iv) Manure disposal and anti-fly measures.
- (v) Suitability of locality to cowkeeping with reference to residential properties in areas.

11. OTHER FOOD SUPPLIES.

The campaign against unsatisfactory methods prevailing in the various food catering trades, initiated in the previous year, was stepped-up during the period under review. The trade responded readily in the installation of dual sinks and in the more generous use of detergents to ensure the proper cleansing of food and cooking utensils. Attention was directed to eliminating the use of broken and cracked crockery, glassware, etc., as a further means in safeguarding against the transmission of disease.

A general survey was carried out and disclosed a sad state of affairs which occasioned grave concern. Immediate steps were taken to remedy the position. New By-laws prohibiting the use of broken or cracked crockery, glassware, etc., in any food-handling premises and generally tightening up the control of food hygiene and sanitation were submitted for approval and promulgation.

POULTRY ABATTOIR AND SALES HALL.

The introduction of "Newcastle" disease to the Durban area was no doubt the cause of the considerable increase in the quantity of poultry handled at the poultry abattoir. Rigid permit control resulted in three of the five killing centres being closed down and in all normal supplies being concentrated in the remaining two.

The following were dealt with at the Municipal Poultry Abattoir during the year :—

		LIVE	DRESSED
Fowls	324,436	(279,076)	37,455
Ducks	19,738		5,023
Geese	443		82
Turkeys... ..	7,078		2,624
Chickens	1,048	(—)	3,482
	<u>352,743</u>	<u>(280,213)</u>	<u>48,666</u>

CONDEMNATIONS : CITY MARKET.

Apricots, trays	149	Eggs, dozens	55	Onions, pockets	33
Apricots, cases	3	Fish, lbs.	2,396	Parsnips, pockets	3
Beans, bags	194	Fish, boxes	3	Peas, pockets	139
Beetroot, bags	30	Green Beans, pockets	61	Peaches, trays	265
Bringals, bags	156	Guinea Fowl	6	Pears, boxes	134
Cabbages, bags	66	Grapes, lugs	130	Pigeons	37
Carrots, bags	10	Grenadillas, pockets	2	Plums, trays	48
Chillies, pockets	4	Hares... ..	6	Squash, bags	3
Cream, cartons	4	Jackfruit	40	Tomatoes, cases	1
Cucumbers, cases	28	Lemons, bags	1	Tomatoes, trays	21
Dressed Ducks	98	Mushrooms, trays	6	Turnips, bags	9
Dressed Fowls... ..	789	Mangoes, trays	11	Venison, lbs.	1,011
Dressed Turkeys	32	Nectarines, trays	3		

SURRENDERED FOR EXAMINATION AND CONDEMNED AS UNSOUND.

Apple Juice, tins	720	Fruit Cocktails, tins	19	Pickles, jars	109
Asparagus, tins	6	Fish, tins	4,521	Puddings, tins	14
Baked Beans, tins	92	Fishspread, tins	151	Puree, tins	4
Baking Powder, tins	71	Grape Juice, tins	111	Pepper, packets	13
Baby Food, tins	124	Golden Syrup, tins	2	Peaches, trays	232
Bran, bags	1	Honey, bottles... ..	10	Sardines, tins	67
Bingo, jars	3	Ham, tins	3	Spaghetti, tins... ..	257
Biltong, packets	396	Horlicks Milk, bottles	9	Soup, tins... ..	1,803
Bacon, tins	1	Instant Postum, tins	18	Sugar, lbs.	539
Bananas, crates	28	Jam, tins	711	Sweets, lbs.	106
Cocoa, tins	12	Jellies, packets... ..	583	Sausages, tins	114
Condensed Milk, tins	9,846	Jellies, tins	24	Salt, coarse, lbs.	104
Cordials, bottles	21	Meat, lbs.... ..	30	Salt, drum	1
Coffee Essence, bottles	1	Meat, various, tins... ..	1,300	Sauce, bottles	70
Cake, lbs.	8	Mustard, tins	671	Sweetcorn, tins	3
Chutney, bottles	6	Marshmallows, bottles	18	Sausages, lbs.	50
Cooking Oil, tins	7	Macaroni, packets	2	Salad Dressing, jars	2
Cheese, cartons	72	Maize, bags	2	Tomato Juice, tins	51
Crayfish Tails, boxes	400	Mince meat, bottles	9	Turkeys, dressed	1
Dairy Meal, bags	3	Molasses, tins	127	Vegetables, tins	1,302
Dates, cases	1	Muffin Mix, cartons	840	Vitone, tins	4
Easter Eggs	12	Nutrine, tins	1	Waffle Mix, packets	1,417
Fat, tins	2	Olives, bottles	18	Xmas Puddings, tins	11
Fruit, Dried, lbs.	3,769	Oats, packets	8		
Fruit, tins... ..	4,105	Pigs' Feet, lbs.	65		

SAMPLES OF FOODSTUFFS TAKEN (FOODS, DRUGS AND DISINFECTANTS ACT No. 13 OF 1929).

Article	No. of Samples Taken			Action Taken
	Total	Genuine	Deficient	
Milk	247	244	3	Prosecuted and fined £5, £5, £15
Cream	6	6	—	
Ice-cream	13	11	2	
Sausages	32	26	6	One warned and one prosecuted and fined £10. Prosecuted and fined £5, £15, £5, £5, £5, £5.
Honey	1	1	—	
Chillie Compound	1	1	—	
Curry Powder	4	4	—	
Total ...	304	293	11	

12. MATERNITY AND CHILD WELFARE.

The statistical report of the Family Health Section reveals a steady increase in its activities throughout the year.

The most outstanding features are :—

(1) Registration of Births.

The total number of registered births has increased by 1,690. European births were 205 less, while non-European races show an increase of 1,895, i.e. :

Native	... ..	1,003
Asiatic	... ..	811
Coloured	... ..	81

Over 50% of Native births registered were illegitimate.

(2) Infantile Mortality.

The salient feature has been the noticeable decrease in the Infantile Mortality Rates among all the non-European races. These are the lowest ever recorded in Durban. The European Infantile Mortality Rate, however, shows a definite increase this year.

While Prematurity accounted for 41% of European infant deaths, Gastro Enteritis and Bronchopneumonia were responsible for the majority of deaths among non-European infants, and Prematurity being the cause in 19% of the Coloureds, 17% of the Asiatics and 13% of the Natives. Non-Europeans have a far more philosophical approach to pregnancy and do not plan for the future of their children. It is a matter for serious thought as to whether the high death-rate of Prematurity among European infants is not due to psychological factors, including anxiety in regard to economic insecurity.

(3) Maternal Mortality.

No Coloured death due to childbirth was recorded. Maternal Mortality Rates for other races have increased slightly.

(4) Ophthalmia Neonatorum.

Notified cases of Ophthalmia Neonatorum were 177 as compared with 134 last year. The increase was among Europeans and Asiatics and most of these cases were confined in Hospitals or Nursing Homes.

(5) Immunisation.

The number of cases immunised against Diphtheria was more than doubled. An outbreak of Diphtheria in one of the schools indicated the necessity to accelerate the systematic campaign to immunise all children in schools. It was found that a large number had not previously been immunised, but the majority required a Booster dose only.

More cases received combined injections against Diphtheria and Whooping Cough.

The number of vaccinations against Smallpox undertaken were increased by over 3,000.

CHILD HEALTH CLINICS.

Total attendances have increased by 4,573. European attendances, however, were lower this year and the increase has been mainly Asiatic.

For a number of years, foodstuffs, including milk (dried or fresh), free or at cost or reduced prices, has been issued to certain indigent cases of all races, who have been attending the Child Health Clinics. Negotiations for a Government subsidy to cover the cost of these supplies have been unsuccessful and these issues will be discontinued. The distribution of these foodstuffs has undoubtedly improved and maintained the condition of the infants and toddlers receiving them and in some cases has actually prevented starvation. It is considered that irrespective of which authority is financially responsible, the distribution of milk issues to indigent babies should be through the Child Health Clinics where the staff includes persons experienced in infant feeding.

After several years conducting Bantu and Asiatic Child Health Clinics, certain general observations have been made in regard to the nutritional standards of the infants and toddlers attending these clinics.

Bantu women in Durban prefer to breast feed their infants and the vast majority of Bantu babies attending the Child Health Clinics are breast fed until 9–12 months, and they are well nourished healthy infants. After weaning, however, the diet consists chiefly of mealie meal porridge and bread with little or no milk and no fresh elements and, generally, meals are given when the mothers can find time to give them. So that, from the age of weaning, there is a marked deterioration of the nutritional state. Invariably from eighteen months or two years, a gradual slow improvement is noticed, presumably because the child is able to fend for itself to a certain extent. Malnutrition and vitamin deficiency are frequently seen among the toddlers and nutritional oedema is not uncommon.

In comparison, most Asiatic infants are artificially fed from a very early age. It is a matter for conjecture as to whether or not this is a racial characteristic or is the result of ignorance or indifference. Certainly, it is not entirely due to ignorance as many of the mothers have attended the Clinic with previous babies and the importance of breast feeding has been stressed. These Asiatic infants are underweight and puny for their age, due to the fact that milk mixtures are generally very weak or insufficient. Throughout childhood the diet certainly does not contain the large amount of starch as does that of the Bantu, but although varied, the amount of food given is insufficient. The Asiatic child has a "lean and hungry look," but although malnutrition and vitamin deficiency are common, nutritional oedema is not as commonly seen as it is in the Bantu child.

STAFF : MEDICAL.

Dr. K. McNeill, Assistant Medical Officer of Health (Family Health Section), retired after 28 years in the service of the Durban City Council. Dr. McNeill was one of the pioneers in Child Welfare Services in this country. The expansion and development of these services, not only in Durban but in South Africa, have been due largely to her initiative and untiring efforts. At her retirement, the position was redesignated Senior Clinical Medical Officer whose duties pertain mainly to Clinical services. The position of a second Clinical Medical Officer was filled during the year.

HEALTH VISITORS.

The number of Health Visitors remains the same as before the war, but since 1945 clinic attendances have increased by nearly 25,000. That the Health Visitors are feeling the strain of this extra work is evidenced by the absence on sick leave during the year of a number of the staff.

ANNUAL REPORT: 1949-1950.

	EUROPEAN CLINICS			NON-EUROPEAN CLINICS				GRAND TOTAL	
	Gale Street	Mobile Clinics	Total	Brook Street and Gale Street Centres and Mobile Clinics				1949-50	1948-49
				Coloured	Native	Asiatic	Total		
Total Number of Sessions	279	660	939	162	243	613	1,018	1,957	1,837
Total Sessions for Children	244	660	904	150	243	516	909	1,813	1,692
No. of ante-natal sessions	23	—	23	12	—	97	109	132	133
No. of post-natal sessions	12	—	12	—	—	—	—	12	12
Total Attendance at Clinics	9,848	30,232	40,080	9,929	25,927	40,624	76,480	116,560	111,987
New cases out of above number	1,203	1,928	3,131	864	4,977	7,169	13,010	16,141	14,241
No. of Infants under 1 year attending clinic	689	1,275	1,964	533	2,778	2,092	5,403	7,367	6,814
Total attendance of Infants	4,712	12,688	17,400	3,747	11,982	13,465	29,194	46,594	43,440
No. of toddlers and pre-school children attending clinic ...	584	1,605	2,189	510	756	1,548	2,814	5,003	4,608
Total attendance of toddlers and pre-school children... ..	2,592	11,044	13,636	2,785	2,557	10,920	17,162	30,798	31,276
No. of nursing mothers attending clinic ...	419	889	1,308	358	2,697	1,915	4,970	6,278	5,827
Total attendance of nursing mothers ...	2,264	6,500	8,764	2,453	11,388	12,690	26,531	35,295	34,017
No. of expectant mothers attending clinic ...	34	—	34	19	—	3,339	3,358	3,392	2,863
Total attendance of expectant mothers ...	57	—	57	44	—	3,549	3,593	3,650	3,141
No. of post-natal cases attending clinic ...	114	—	114	—	—	—	—	114	89
Total attendance of post-natal cases	223	—	223	—	—	—	—	223	113
No. of test feeds given	212	336	548	55	21	36	112	660	692
No. of mothers instructed in treatment of minor ailments	721	1,923	2,644	765	7,663	8,937	17,365	20,009	15,392
No. of health talks and demonstrations given	744	3,318	4,062	819	3,369	4,680	8,869	12,931	12,326
No. of cases seen by Clinic Doctors ...	3,575	1,938	5,513	2,198	4,119	5,860	12,177	17,690	

NUMBER OF CASES.

	European	Coloured	Native	Asiatic
Referred to Doctors	56	2	—	1
„ „ Hospital	35	11	628	791
„ „ Societies	21	7	—	2
Passed for Day Nursery	126	5	—	—

FOOD DISTRIBUTED.

	Gale Street and Mobile Clinics	Gale Street and Brook Street Centres and Mobile Clinics		
	Europeans	Coloured	Native	Asiatic
Number of cases receiving dried milk free	91	36	62	89
Amount of dried milk given free in lbs.	1,784	984½	926½	3,391
No. of cases receiving dried milk at cost and reduced prices	12	13	12	41
Amount of dried milk sold at cost and reduced prices in lbs.	181	187	171	1,091
Number of cases receiving cows' milk free	81	4	—	—
Amount of cows' milk given free in pints	19,474	1,524	—	—

PHYSICAL CULTURE :

	European	Coloured
Total No. of children attending	58	—
Total No. of attendances	179	—
Total No. of antenatal cases attending	12	5
Total attendances of antenatal cases	12	5
Total No. of postnatal cases attending	—	—
Total attendances of postnatal cases	—	—

SPECIMENS SENT FOR PATHOLOGICAL REPORT :

Total No. of stool specimens	456
Total No. of swabs and slides	97

EXAMINATION OF ENTRANTS TO SERVICE :

109 Female Entrants to the Municipal Service were Medically Examined.

BIRTHS.

Notifications :

	European	Coloured	Native	Asiatic	TOTAL	
					1949-50	1948-49
DURBAN	1,678	251	984	1,239	4,152	4,218
GREENWOOD PARK	309	46	217	544	1,116	979
SYDENHAM	56	150	237	1,012	1,455	1,020
MAYVILLE	54	117	1,314	986	2,471	2,327
UMHLATUZANA	144	16	151	195	506	466
SOUTH COAST JUNCTION	448	94	530	1,276	2,348	1,833
					2,689	674
					3,433	5,252
IMPORTED	519	26	3,887	295	12,048	10,843
					4,727	4,387
TOTAL	3,208	700	7,320	5,547	16,775	15,230

Number of Illegitimate Births occurring among those notified :

	European	Coloured	Native	Asiatic	Total
DURBAN	24	46	732	20	822
GREENWOOD PARK	5	6	153	10	174
SYDENHAM	1	43	151	24	219
MAYVILLE	1	30	750	19	800
UMHLATUZANA	1	2	84	3	90
SOUTH COAST JUNCTION	1	16	306	38	361
	33	143	2,176	114	2,466
IMPORTED	5	7	1,809	18	1,839
TOTAL	38	150	3,985	132	4,305

Stillbirths—Notifications :

	European	Coloured	Native	Asiatic	Total
DURBAN	25	8	64	26	123
GREENWOOD PARK	3	3	15	18	39
SYDENHAM	1	1	13	27	42
MAYVILLE	1	5	81	24	111
UMHLATUZANA	1	—	7	7	15
SOUTH COAST JUNCTION	5	2	25	37	69
IMPORTED	36 8	19 —	205 246	139 19	399 273
TOTAL	44	19	451	158	672

Number of Illegitimate Stillbirths occurring among those notified.

	European	Coloured	Native	Asiatic	Total
DURBAN	3	4	45	3	55
GREENWOOD PARK	—	—	11	—	11
SYDENHAM	1	—	16	—	17
MAYVILLE	—	2	49	1	52
UMHLATUZANA	—	—	3	—	3
SOUTH COAST JUNCTION	—	—	17	2	19
IMPORTED	4 —	6 —	141 116	6 —	157 116
TOTAL	4	6	257	6	273

Birth Rate (Rate per 1,000 of Population) :

	European	Coloured	Native	Asiatic	Total
1949-50	20·04	51·25	23·69	44·62	30·05
1948-49	21·62	50·70	21·10	40·14	28·72

Registrations :

	European	Coloured	Native	Asiatic	TOTAL	
					1949-50	1948-49
DURBAN	1,621	242	821	1,186	3,870	3,845
GREENWOOD PARK	310	32	255	604	1,201	1,076
SYDENHAM	68	149	201	1,091	1,509	1,239
MAYVILLE	58	90	1,138	1,042	2,328	2,043
UMHLATUZANA	162	19	146	290	617	476
SOUTH COAST JUNCTION	425	125	460	1,476	2,486	2,055
IMPORTED	2,644 560	657 52	3,021 3,385	5,689 247	12,011 4,244	10,734 3,831
TOTAL	3,204	709	6,406	5,936	16,255	14,565

Number of Illegitimate Births occurring among those registered.

	European	Coloured	Native	Asiatic	Total
DURBAN	32	51	385	19	487
GREENWOOD PARK	4	9	179	7	199
SYDENHAM	3	51	197	25	276
MAYVILLE	1	17	654	35	707
UMHLATUZANA	2	6	139	3	150
SOUTH COAST JUNCTION	6	25	349	22	402
IMPORTED	48 11	159 14	1,903 1,378	111 4	2,221 1,407
TOTAL	59	173	3,281	115	3,628

Stillbirths—Registered :

	European	Coloured	Native	Asiatic	Total
DURBAN	19	7	52	35	113
GREENWOOD PARK	—	2	12	24	38
SYDENHAM	—	—	12	47	59
MAYVILLE	—	1	101	35	137
UMHLATUZANA	2	—	8	12	22
SOUTH COAST JUNCTION	3	3	42	54	102
IMPORTED	24 8	13 —	227 189	207 27	471 224
TOTAL	32	13	416	234	695

Number of Illegitimate Stillbirths occurring among those registered :

	European	Coloured	Native	Asiatic	Total
DURBAN	2	3	39	—	44
GREENWOOD PARK	—	1	6	—	7
SYDENHAM	—	—	12	—	12
MAYVILLE	—	—	56	—	56
UMHLATUZANA	1	—	6	—	7
SOUTH COAST JUNCTION	—	1	25	—	26
IMPORTED	3 —	5 —	144 91	— —	152 91
TOTAL	3	5	235	—	243

Stillbirth Rate or number of stillbirths per 1,000 live and stillbirths :

RACE	Number of Stillbirths	Number of Live Births	Total	Stillbirth Rate
EUROPEANS	24	2,644	2,668	8·99
COLOURED	13	657	670	19·40
NATIVES ...	227	3,021	3,248	69·88
ASIATICS ...	207	5,689	5,896	35·10

INFANTILE DEATHS.

	European	Coloured	Native	Asiatic	Total
DURBAN	49	13	188	85	335
GREENWOOD PARK	7	5	53	48	113
SYDENHAM	—	12	76	60	148
MAYVILLE	—	8	464	88	560
UMHLATUZANA	8	3	67	29	107
SOUTH COAST JUNCTION	12	7	149	101	269
IMPORTED	76 12	48 4	997 517	411 30	1,532 563
TOTAL	88	52	1,514	441	2,095

Infantile Mortality Rate or number of infant deaths per 1,000 live births :

RACE	NUMBER OF DEATHS			NUMBER OF LIVE BIRTHS			MORTALITY RATE	
	Male	Female	Total	Male	Female	Total	1949-50	1948-49
EUROPEAN...	44	32	76	1,385	1,259	2,644	28·74	26·7
COLOURED...	30	18	48	360	297	657	73·05	93·5
NATIVE... ..	527	470	997	1,614	1,405	3,019	330·4	369·03
ASIATIC ...	250	181	411	2,788	2,901	5,689	72·24	82·3

Number of Infants who died who had previously attended clinic or had been visited by a health visitor :—

European				Coloured				Native				Asiatic			
5				7				11				21			

ATTENDED ONLY				HEALTH VISITED ONLY				HEALTH VISITED AND ATTENDED			
Europ.	Col.	Native	Asiatic	Europ.	Col.	Native	Asiatic	Europ.	Col.	Native	Asiatic
2	2	7	9	—	—	—	—	3	5	4	12

CAUSES OF INFANTILE DEATHS :

EUROPEANS :

CAUSES	WEEKS			MONTHS			TOTAL
	0—1	1—2	2—4	1—3	3—6	6—12	
Prematurity	29	1	—	1	—	—	31
Intracranial Haemorrhage	2	—	—	—	—	—	2
Erythroblastosis Foetalis	4	—	—	—	—	—	4
Congenital Malformations	3	—	1	1	—	—	5
Congenital Atelectasis	4	1	—	—	—	—	5
Congenital Hydrocephalus	1	—	—	—	—	—	1
Pemphigus Neonatorum	—	—	—	1	—	—	1
Gastro Enteritis	—	—	1	2	2	3	8
Broncho Pneumonia	—	—	—	1	—	2	3
Other Diseases peculiar to Infancy ...	4	—	1	—	—	—	5
Fibrosis of Liver	—	—	—	—	—	1	1
Natural Causes	—	—	—	—	—	1	1
Burns—Accidental	—	—	—	—	—	1	1
Influenza	—	—	—	—	1	—	1
Septicaemia—Influenzal	—	—	—	—	1	—	1
Smallpox	—	—	—	—	—	1	1
Polioencephalitis	—	—	—	1	—	—	1
Diphtheria	—	—	—	—	—	1	1
Obstruction—Bile Duct	—	—	—	1	—	—	1
Asphyxia—Inhalational	—	—	—	1	—	—	1
Otitis Media	—	—	—	1	—	—	1
	47	2	3	10	4	10	76

COLOURED :

CAUSES	WEEKS			MONTHS			TOTAL
	0—1	1—2	2—4	1—3	3—6	6—12	
Prematurity	7	1	1	—	—	—	9
Erythroblastosis Foetalis	1	—	—	—	—	—	1
Congenital Atelectasis	3	—	—	—	—	—	3
Congenital Debility	2	—	—	—	—	—	2
Hydrocephalus	—	—	—	1	—	—	1
Gastro Enteritis	—	—	—	5	2	6	13
Malnutrition	—	—	—	1	—	—	1
Broncho Pneumonia	—	—	—	3	3	2	8
Convulsions	—	—	—	1	—	—	1
Mastoiditis	—	—	—	—	1	—	1
Peritonitis	—	—	—	1	—	—	1
Pulmonary Tuberculosis	—	—	—	—	—	1	1
Whooping Cough	—	—	—	—	—	1	1
T.B. Meningitis	—	—	—	—	—	1	1
Measles	—	—	—	—	—	1	1
Congenital Syphilis	—	—	—	—	—	1	1
Other Diseases peculiar to Infancy ...	—	—	—	—	—	—	—
Unknown	—	—	—	—	—	1	1
Burns—Accidental	—	—	—	—	—	1	1
	13	1	1	12	6	15	48

NATIVES :

CAUSES	WEEKS			MONTHS			TOTAL
	0—1	1—2	2—4	1—3	3—6	6—12	
Prematurity	99	17	6	6	—	—	128
Intracranial Haemorrhage	30	—	1	—	—	—	31
Congenital Malformations	3	1	—	1	—	—	5
Congenital Atelectasis	6	—	—	—	—	—	6
Congenital Debility	12	3	1	4	—	2	22
Other Specified Diseases — Umbilical Sepsis, Icterus Gravis Neon, etc. ...	10	6	1	2	—	—	19
Tetanus Neonatorum... ..	—	1	—	—	—	—	1
Malaena Neonatorum	—	—	—	—	—	—	—
Gastro Enteritis	15	7	12	81	80	116	311
Typhoid	—	—	—	1	—	—	1
Amoebic Dysentery	—	—	—	—	—	2	2
Dysentery—Unspecified	—	—	—	—	1	—	1
Malnutrition	1	3	3	15	8	23	53
Bronchitis	—	—	—	2	—	2	4
Broncho Pneumonia	12	10	23	65	52	95	257
Influenza	—	—	—	—	—	1	1
Laryngitis	1	—	—	—	—	—	1
Tonsillitis	—	—	—	—	—	1	1
Pleurisy	—	—	—	—	1	1	2
Lobar Pneumonia	2	1	2	3	2	6	16
Pneumonia	—	—	1	—	—	—	1
Whooping Cough	—	—	—	1	2	5	8
Pulmonary Tuberculosis	—	—	1	4	4	18	27
T.B. Meningitis	—	—	—	—	—	3	3
Miliary T.B.	—	—	—	1	2	5	8
Meningitis	—	—	—	1	1	1	3
Congenital Syphilis	7	1	1	1	2	3	15
Diphtheria	—	—	—	—	1	3	4
Measles	—	—	—	—	1	6	7
Mastoiditis	1	—	—	1	—	4	6
Inhalation of Stomach Contents	—	—	—	1	1	—	2
Other Diseases peculiar to Infancy ...	1	1	1	1	—	—	4
Acute Septicaemia	—	—	1	—	—	—	1
Accidental Death	—	—	—	1	2	—	3
Otitis Media	—	1	1	7	4	8	21
Hepatitis	—	1	—	—	—	—	1
Haemorrhage of Liver	1	—	1	—	—	—	2
Aneurism of Aorta	—	—	—	1	—	—	1
Peritonitis	—	1	1	—	1	—	3
Unknown	3	—	1	2	3	1	10
Natural Causes	1	—	—	2	1	1	5
	205	54	58	204	169	307	997

ASIATICS :

CAUSE	WEEKS			MONTHS			TOTAL
	0—1	1—2	2—4	1—3	3—6	6—12	
Prematurity	48	10	7	4	1	—	70
Intracranial Haemorrhage	5	—	1	1	—	—	7
Congenital Malformations	4	—	—	—	2	1	7
Congenital Atelectasis	3	—	—	—	2	—	5
Congenital Debility	11	4	2	—	—	—	17
Erythroblastosis Foetalis	—	—	1	—	—	—	1
Hydrocephalus	2	—	—	—	—	—	2
Other Specified Diseases—Icterus Gravis Neonatorum, etc.	5	—	2	1	1	1	10
Gastro Enteritis	3	3	4	25	19	29	83
Intestinal Obstruction	—	—	1	—	1	—	2
Acute Dilatation of Heart	—	—	—	1	—	—	1
Malnutrition	—	1	3	1	5	3	13
Asphyxia	1	—	—	—	—	—	1
Bronchitis	1	—	5	15	6	7	34
Broncho Pneumonia	8	4	10	22	27	36	107
Lobar Pneumonia	—	—	—	1	2	4	7
Pneumonia	—	—	1	—	3	2	6
Pulmonary Congestion	1	—	—	—	1	—	2
Acute Nephritis	—	—	—	1	—	—	1
Whooping Cough	—	—	—	—	1	2	3
Pulmonary Tuberculosis	—	1	—	—	—	3	4
Miliary T.B.	—	—	—	—	—	1	1
T.B. Meningitis	—	—	—	—	—	1	1
Meningitis	—	—	—	—	1	3	4
Meningocele Meningitis	—	—	—	—	1	—	1
Congenital Syphilis	—	—	—	—	1	—	1
Cerebrospinal Meningitis	—	—	—	—	—	1	1
Diphtheria	—	—	—	—	—	1	1
Carried forward	92	23	37	72	74	95	393

ASIATICS (Continued)

CAUSES	WEEKS			MONTHS			TOTAL
	0—1	1—2	2—4	1—3	3—6	6—12	
Brought forward	92	23	37	72	74	95	393
Measles	—	—	—	—	—	1	1
Convulsions	—	—	—	1	—	—	1
Osteomyelitis	—	—	—	—	—	1	1
Ill-defined Causes	—	—	1	1	—	—	2
Other Diseases of the Kidney	—	—	—	—	—	1	1
Septicaemia	—	—	—	—	1	—	1
Accidental	—	—	—	—	—	1	1
Gangrene	—	—	—	—	1	—	1
Natural Causes	1	1	—	2	—	—	4
Other Diseases peculiar to Infancy ...	—	2	1	—	2	—	5
	93	26	39	76	78	99	411

FEEDING OF INFANTS WHO DIED FROM :

ENTERITIS :

	Europeao	Coloured	Native	Asiatic	Total
Breast Fed	—	—	—	5	5
Breast Fed and Dried Milk	2	—	—	6	8
Breast Fed and Cow's Milk	—	1	—	1	2
Breast Fed and Sweetened Condensed Milk ...	—	—	—	2	2
Breast Fed, Cereal and Cow's Milk	1	—	—	1	2
Breast Fed and Extras	—	1	—	—	1
Cow's Milk	1	—	—	1	2
Dried Milk	—	—	—	4	4
Sweetened Condensed Milk	—	—	—	2	2
Sweetened Condensed Milk and Cereal	1	—	—	—	1
Unable to Trace	3	11	311	61	386
	8	13	311	83	415

MATERNAL MORTALITY :

	Number of Registered Deaths from Causes Due to Childbirth	Number of Births			Death Rate Calculated on Live Births	Death Rate Calculated on Live and Stillbirths	
		Live	Still	Total		1949-50	1948-49
Europeans	4	2,644	24	2,668	1.51	1.5	1.05
Coloureds	—	657	13	670	—	—	—
Natives	16	3,021	227	3,248	5.29	4.92	4.9
Asiatics	19	5,689	207	5,896	3.33	3.22	3.2

Maternal Deaths attended by :

	European	Coloured	Native	Asiatic	Total
Doctor	1	—	—	8	9
Midwife	—	—	—	1	1
No midwife or doctor	1	—	3	3	7
Hospital or nursing home	2	—	12	6	20
No particulars	—	—	1	1	2
TOTAL	4	—	16	19	39

Causes of Maternal Deaths :

	European	Coloured	Native	Asiatic	Total
Puerperal Sepsis	—	—	2	2	4
Eclampsia	—	—	3	—	3
Ruptured Ectopic Gestation	—	—	2	1	3
Central Placenta Praevia	—	—	—	1	1
Postpartum Haemorrhage	—	—	4	5	9
Ruptured Uterus	—	—	1	—	1
Pulmonary Embolism	—	—	—	2	2
Septic Abortion	2	—	1	—	3
Spontaneous Abortion	—	—	—	1	1
Eclampsia due to Chronic Nephritis	—	—	—	2	2
Toxaemia of Pregnancy	—	—	1	1	2
Obstructed Labour	—	—	—	2	2
Ruptured Abdomen with Infection following Caesarian Section	—	—	—	1	1
Obstetric Shock	2	—	2	—	4
	4	—	16	18	38

SUPERVISION OF MIDWIVES :**Midwives :**

	European	Coloured	Native	Asiatic	Total
No. of trained midwives practising in Durban ...	21	4	—	1	26
No. of trained midwives who have ceased to practise	2	—	1	—	3
No. of untrained midwives practising in Durban	5	2	1	147	155
No. of untrained midwives who have ceased to practise	1	—	—	2	3
No. of trained midwives deceased	1	—	—	—	1
No. of untrained midwives deceased	—	—	—	6	6
No. of women practising midwifery who have been warned not to do so unless they apply to have their names put on the list	—	—	—	—	—
No. of midwives prosecuted	—	—	—	8	8
No. of difficult midwifery cases attended to and delivered	—	—	—	4	4
No. of midwives put on the list during the year	2	1	1	12	16
No. of midwives reinstated during the year ...	1	—	—	2	3
No. of midwives' appliances examined	73	46	1,400	5	1,524
No. of midwives' bags replenished	—	41	3	2,650	2,694
No. of midwives' dressings sterilised	—	40	6	3,234	3,280
No. of midwives' dressings sterilised after septic cases	—	—	—	19	19
No. of visits to midwives at their homes or at patients' houses	39	6	2	181	228

Certified practising midwives' registers are examined every three months and their appliances every six months.

Uncertified practising European and Coloured midwives' appliances and registers are examined every three months.

Uncertified practising Native and Indian midwives' appliances are examined every month.

No. of Registered and Unregistered Midwives on List :

	European	Coloured	Native	Asiatic	Total
Registered	21	4	—	1	26
Unregistered	5	2	1	147	155
	26	6	1	148	181

No. of Confinements Attended by Midwives :

	European	Coloured	Native	Asiatic	Total
Registered	276	104	—	16	396
Unregistered	34	14	3	3,275	3,326
	310	118	3	3,291	3,722

Ante-natal Clinics :

European	Coloured	Native	Asiatic	Total
38	11	—	93	142

Other Ante-natal Services Available in Durban :

EUROPEAN : Addington Hospital, including District Midwifery Service.
The Mothers' Hospital, including District Midwifery Service.
Sanatorium.

COLOURED : Addington Hospital, including District Midwifery Service.
McCord's Hospital, including District Midwifery Service.
St. Aidan's Hospital.

NATIVES : King Edward VIII Hospital, including District Midwifery Service.
McCord's Hospital, including District Midwifery Service.
Health Centres, including District Midwifery Service.

ASIATIC : King Edward VIII Hospital, including District Midwifery Service.
McCord's Hospital, including District Midwifery Service.
St. Aidan's Hospital. No District Midwifery Service.

The appointment of a Specialist Medical Officer for the Municipal Ante-natal and Post-natal Services has been approved by the Durban City Council.

Inspection of Registers of Nursing Homes and Lying-in-Homes:

	European	Coloured	Asiatic	Native	Total
No. of Homes	12	—	2	1	15
No. of Times Visited	50	—	7	4	61

Ante-natal Work :

	European	Coloured	Native	Asiatic	Total
No. of expectant mothers attending clinic	39	17	—	3,417	3,473
Total attendances	56	44	—	3,549	3,649
No. of ante-natal sessions	38	11	—	93	142
No. of ante-natal visits	418	10	354	1,433	2,215
No. of post-natal visits	21	1	1	250	273

Accommodation Available for Maternity Cases:

Beds At	European	Coloured	Asiatic	Native	Total
Hospitals ...	50	44	150	28	272
Nursing Homes	138	—	—	—	138

Other Visits :

	European	Coloured	Native	Asiatic	Total
No. of cases of Puerperal Sepsis	—	—	2	9	11
No. of visits to cases of Puerperal Sepsis	—	—	2	10	12
No. of maternal deaths	3	—	13	17	33
No. of visits to maternal deaths	2	—	13	17	32
No. of cases of Ophthalmia Neonatorum	14	2	93	25	134
No. of visits to cases of Ophthalmia Neonatorum	47	9	159	70	285
No. of Stillbirths	31	16	204	253	504
No. of visits in connection with Stillbirths	10	9	130	138	287

Tuition :

	European	Coloured	Native	Asiatic	Total
No. of Lectures and Demonstrations to untrained midwives	—	—	—	41	41
No. of lectures to Ambulance Men	—	—	—	—	—
No. of times Maternity Film shown to Ambulance Men and Midwives	—	—	—	5	5
No. of untrained midwives attending classes	—	—	—	12	12

Ophthalmia Neonatorum (Notified) :

Confinements attended by	European	Coloured	Native	Asiatic	Total
Hospital or Nursing Home	17	—	74	13	104
Doctor at home	1	—	—	3	4
Midwife at home	3	—	1	53	57
No. skilled attention	—	1	4	—	5
Insufficient address	—	—	7	—	7
TOTAL	21	1	86	69	177

Causes of Disease :

	European	Coloured	Native	Asiatic	Total
Symptoms indicating maternal venereal disease	1	—	56	2	59
Other causes	20	1	30	67	118
	21	1	86	69	177
Referred to own doctor and hospital... ..	3	—	—	—	3
Already under hospital treatment	—	—	47	2	49
Treated by Clinic	18	1	39	67	125
	21	1	86	69	177

Ophthalmia Neonatorum Rate or number of cases of Ophthalmia Neonatorum per 1,000 live births :

	Number of Cases of Ophthalmia Neonatorum	Number of Live Births	Rate Calculated on Live Births
European	21	2,644	7.94
Coloured	1	657	1.52
Native	86	3,019	28.48
Asiatics	69	5,689	12.12

IMMUNISATION :

	European	Coloured	Native	Asiatics	Total
No. of cases immunised against Diphtheria ...	12,947	2,477	3,249	9,816	28,489
Completed the course	5,000	696	1,454	4,850	12,000
No. of cases immunised against Whooping Cough	37	4	—	—	41
Completed the course	16	2	—	—	18
No. of cases immunised against Whooping Cough and Diphtheria	3,780	675	880	371	5,706
Completed the course	1,208	164	90	42	1,504
No. of cases immunised against Typhoid, General	296	50	3,288	1,554	5,188
Completed the course	223	41	1,374	484	2,122
No. of Food Handlers immunised against Typhoid	33	7	1,541	239	1,820
No. of cases vaccinated against Smallpox... ..	5,617	2,161	27,188	24,775	59,741

HEALTH VISITORS' WORK.**Infants Under 1 Year :**

	European	Coloured	Native	Asiatic	Total
First visits—Feeding { Breast	1,177	350	1,693	3,636	6,856
Mixed	93	12	200	395	700
Artificial	271	11	123	294	699
TOTAL	1,541	373	2,016	4,325	8,255
Re-visits—Feeding { Breast	1,539	163	315	4,166	6,183
Mixed	1,225	106	632	3,924	5,887
Artificial	2,796	271	74	960	4,101
TOTAL	5,560	540	1,021	9,050	16,171

Older Children :

	European	Coloured	Native	Asiatic	Total
First Visits	204	55	2,118	5,653	8,030
Re-visits	7,665	1,555	897	17,144	27,261
TOTAL	7,869	1,610	3,015	22,797	35,291
No. of above visits made to Protected Infants... ..	129	99	21	—	249

Other Visits :

	European	Coloured	Native	Asiatic	Total
Infant Deaths	19	9	41	78	147
Infectious Diseases or Contacts	1	—	—	8	9
Reports on Insanitary Conditions	51	8	—	2	61
No. of visits to Nursery Schools and Homes for Protected Infants	7	—	54	—	61
TOTAL	78	17	95	88	278

Lectures and Demonstrations :

	European	Coloured	Native	Asiatic	Total
Lectures and Demonstrations to Students	102	—	30	14	146
Lectures and Demonstrations to Classes at Schools	18	—	—	6	24
Lectures and Demonstrations to Expectant Mothers	68	—	—	18	86
Lectures and Demonstrations to Students	—	—	—	9	9
TOTAL	188	—	30	47	265

Students :

	European	Coloured	Native	Asiatic	Total
University Students	6	—	—	—	6
Health Visitor Students	9	—	10	—	19
Domestic Science Students (at Gale Street)	12	—	—	—	12
TOTAL	27	—	10	—	37

	European	Coloured	Native	Asiatic	Total
No. of Infants under 1 year Visited	2,064	449	2,325	5,267	10,105

TOTAL VISITS :

First Visits—Infants	8,255
Re-visits—Infants	16,171
Older Children	35,291
Other Visits	278
Total	59,995

DENTAL CARIES :

	European	Coloured	Native	Asiatic	Total
No. of children found to be suffering from Dental Caries	66	2	110	68	246
No. of cases of Dental Caries which received attention	73	1	27	16	117
TOTAL	139	3	137	84	363

DETAILS OF PATHOLOGICAL SPECIMENS :

STOOL SPECIMENS	European	Coloured	Native	Asiatic	Total
Total No. of Stool examinations	431	20	2	3	456
Negative Results	292	13	—	2	307
POSITIVE RESULTS					
Round Worm (Ascaris)	49	4	1	1	55
Treated at Clinic	42	4	1	1	
Referred to own doctor or hospital	7	—	—	—	
Trichuris Trichiuris Ova (Whipworm)... ..	16	—	1	—	17
Treated at Clinic	1	—	—	—	
Referred to own doctor or hospital	15	—	1	—	
Entamoeba Histolytica	4	—	—	—	4
Referred to own doctor	4	—	—	—	
Entamoeba Coli Cysts	24	—	—	—	24
Treated at Clinic	1	—	—	—	
Referred to own doctor or hospital	23	—	—	—	
Degenerative Amoeba (Indeterminate Type)	3	—	—	—	3
Referred to own doctor	3	—	—	—	
Giardia Lamblia Cysts	19	2	—	—	21
Referred to own doctor or hospital	19	2	—	—	
Multiple Infections	24	1	—	—	25
SWABS AND SMEARS :					
Total No. of Swabs	14	9	19	8	50
RESULTS—SWABS : Positive	—	1	5	1	7
Negative	21	7	10	5	43
Total No. of Smears	6	1	38	2	47
RESULTS—SMEARS : Positive	1	—	3	1	5
Negative	4	1	34	3	42

13. PROSECUTIONS.

Below is set out list of prosecutions instituted by the Department during the year.

SECTION CONTRAVENED	Brought Forward	New Cases	Total	Guilty	Not Guilty	With-drawn	Pen- ing	Fines
Dairies :								
Dumping of Milk	2	7	9	5	—	4	—	£29 10 0
Contraventions during delivery	1	—	1	1	—	—	—	5 0 0
Unhygienic Milking	—	1	1	1	—	—	—	5 0 0
Unhygienic delivery	—	1	1	1	—	—	—	5 0 0
Trading without licence	—	3	3	3	—	—	—	22 0 0
Under chemical standard	—	3	3	3	—	—	—	25 0 0
Unclean clothing	—	1	1	1	—	—	—	5 0 0
Nuisances :								
Defective buildings	4	51	55	44	—	3	8	336 10 0
Defective privies	—	7	7	6	—	—	1	35 0 0
Defective septic tanks	—	2	2	2	—	—	—	13 0 0
Unclean yards	5	17	22	21	—	1	—	171 10 0
Unclean premises	1	32	33	31	—	1	1	295 0 0
No Native privy	—	1	1	1	—	—	—	5 0 0
Inadequate sanitary accommodation... ..	—	1	1	1	—	—	—	5 0 0
Keeping animals without consent of Council	4	22	26	17	—	—	9	66 0 0
Dumping rubbish in roadway	—	1	1	1	—	—	—	1 0 0
Urinating in roadway	—	3	3	3	—	—	—	2 10 0
Laundry deposited in living-room	—	2	2	2	—	—	—	10 0 0
Fly breeding	—	1	1	1	—	—	—	3 0 0
Foodstuffs :								
Exposure to contamination	—	5	5	—	—	5	—	
Contamination of cakes	—	1	1	1	—	—	—	15 0 0
Sausages, over preservation	—	6	6	6	—	—	—	40 0 0
Ice-cream below standard	—	1	1	1	—	—	—	10 0 0
Hairdressing :								
Unclean conditions	1	2	3	3	—	—	—	9 0 0
Rodent Regulations :								
Rodent harbourage	—	3	3	3	—	—	—	25 0 0
Mosquito Regulations :								
Mosquito breeding	2	—	2	2	—	—	—	6 0 0
Midwifery Regulations :								
Practising without registration	—	7	7	7	—	—	—	32 0 0
Non-registration of births	—	1	1	1	—	—	—	2 0 0
Fumigation Regulations :								
Premises unguarded	—	2	2	2	—	—	—	24 0 0
Slums Act :								
Zonal regulations	5	5	10	9	—	—	1	60 0 0
TOTAL	25	189	214	180	—	14	20	1,263 0 0
PREVIOUS YEAR	25	211	236	192	2	17	25	1,275 0 0

DISTRICT HEALTH INSPECTION :

Food Shops.—As foreshadowed last year, particular attention has been directed to the hygienic conditions obtaining in food-handling establishments, especial emphasis being placed on the aspects of personal hygiene and food-utensil sanitation.

The programme is still in the initial stages but, nevertheless, considerable headway has been made in the improvement of cleansing facilities and the health education of staffs through the mediums of oral and visual instruction.

Offensive Trades.—In terms of the Offensive Trades Regulations for the City of Durban, offensive trade businesses, lawfully established before the promulgation of the Regulations in 1921, and carried on *without alteration or addition*, could not be required to obtain the sanction of the City Council under the Regulations.

From time to time, however, on account of additions or alterations, it has been possible to bring the old-established concerns within the ambit of the Regulations. The stage has now been reached when almost all businesses of the kind are obliged annually to obtain City Council's permission to carry on an offensive trade.

Drainage of Suburban Areas.—Previously, reference has been made to the marked sanitary improvement which has followed upon the connection to the Municipal sewerage system of premises in certain "Outer" Areas. In collaboration with the City and Water Engineer, the Department is taking steps to require sewer connections wherever practicable.

Until the densely-populated suburban areas have been provided with water-borne sewerage, there will always be the risk of outbreaks of fly-borne disease arising from non-fly-proof privies.

Government and Municipal Control of Factories.—Consequent upon discussions with the Department of Labour (Factories), improved liaison has been established between the two authorities and, it is confidently anticipated, an early improvement in the hygienic state of factory premises in the City will result.

In-Service Training.—During the year, the City Council approved of a scheme of in-service training for the Department's Health Assistants, whereby these employees who may, for convenience, be termed apprentice Health Inspectors, are given three months' training in the Building Inspectional, Water, Sewerage and House Drainage Sections of the City and Water Engineer's Department.

The first batch of three Health Assistants has completed the course of instruction and the fruits of the new policy will, undoubtedly, prove very beneficial, both to the personnel concerned and the Department.

Health Legislation.—Following upon advice from the Provincial Secretary, the opportunity was taken to separate the proposed new Food and Milk By-laws into two codes—one for Milk and the other for Food, other than Milk. There is reason to believe that these By-laws will be promulgated in their altered form in the near future.

The Public Health By-laws relating to the keeping of Cows and Pigs have been re-drafted so as to render them applicable to the keeping of certain other animals and, when promulgated, will provide the Department with much-needed additional powers of public health control.

The following schedule reflects the details of the work carried out by the Health Inspectorate.

Bakeries	170
Boarding Houses	1,287
Butcheries	970
Milk Depots, Dairies, etc.	2,009
Food Manufacturers	469
General Fresh Produce Dealers	5,961
Hotels (Liquor Licences)	782
Milk Bars	44
Offensive Trades (Food-handling)	75
Restaurants/Eating Houses	2,216
Tea Rooms	1,297
General Dealers	6,555
Hairdressers	737
Laundries, Dry Cleaning Depots	595
Lodging Houses	5,503
Offensive Trades (Non-Food-Handling)	404
Dwellings	25,249
Sundry	9,697
European Health Assistants... ..	27,146
Native Health Assistants	10,820
	<u>101,986</u>
Complaints received and investigated	2,740
Notices issued—Personal	4,877
Notices issued—Written	6,071
Reports on applications for Trading Licences	3,595

BUILDING PLANS.

The number of building plans submitted for the Department's approval as to sanitary and hygienic requirements increased slightly, 4,030 as against 3,842 for the previous year. This, in the main, reflects considerable building activity.

In order to bring plans in conformity with required standards, much time was taken up in interviews with owners and architects.

PLANS SUBMITTED FOR NEW BUILDINGS AND ALTERATIONS

	D W E L L I N G S							F L A T S					ADDITIONS TO DWELLINGS AND FLATS		STORES, SHOPS, OFFICES AND FACTORIES		ADDITIONS TO STORES, SHOPS, OFFICES AND FACTORIES		CLUBS, HALLS AND HOTELS		ADDITIONS TO CLUBS, HALLS AND HOTELS		NEW MUNICIPAL BUILDINGS		ADDITIONS TO MUNICIPAL BUILDINGS		TOTAL No. of PLANS	TOTAL ESTI- MATED COST	
Month	No. of No. of	Cost	2 Rms	3 Rms	4 Rms	5 Rms	6 & over	No. of Plans	Cost	1 Rms	2 Rms	3 Rms	4/5 Rms	No. of Plans	Cost	No. of Plans	Cost	No. of Plans	Cost	No. of Plans	Cost	No. of Plans	Cost	No. of Plans	Cost	No. of Plans	Cost	No. of Plans	Cost
1949 :		£							£						£		£		£		£		£		£		£		£
July ...	40	80,384	3	8	7	15	7	1	2,600	—	—	2	—	118	26,321	23	97,789	54	15,043	—	—	12	4,400	—	—	—	—	248	226,537
Aug. ...	44	84,175	8	9	12	12	3	—	—	—	—	—	—	195	40,290	32	151,667	70	33,795	4	31,408	8	6,625	1	800	9	1,706	363	350,466
Sept. ...	26	51,752	3	3	7	12	1	5	67,200	6	6	7	21	102	24,784	15	85,592	51	18,237	5	59,508	6	7,545	4	2,217	—	—	214	316,836
Oct. ...	27	53,780	3	3	3	13	5	1	15,500	—	9	3	—	72	11,412	23	341,609	50	21,498	2	7,450	4	10,230	6	5,706	—	—	185	467,185
Nov. ...	42	90,608	4	5	8	17	8	1	7,000	—	—	—	4	188	45,256	26	164,734	68	29,760	2	8,744	12	4,813	—	—	1	394	340	351,309
Dec. ...	21	47,197	—	2	4	11	4	3	13,900	—	4	1	1	74	20,016	11	102,331	14	6,509	—	—	7	1,463	—	—	2	925	132	192,341
1950 :																													
Jan. ...	31	50,441	4	8	7	11	1	4	47,610	1	19	14	2	89	28,015	19	266,209	31	19,117	2	16,382	10	9,107	—	—	—	—	186	436,881
Feb. ...	36	70,336	4	4	6	18	4	9	83,510	5	19	12	5/3	104	22,563	20	120,664	36	16,976	3	15,875	5	12,960	9	4,187	3	1,202	225	348,273
Mar. ...	93	190,444	10	16	17	37	13	13	174,650	15	57	32	8/9	203	60,454	30	213,477	52	44,824	5	45,712	7	9,131	—	—	—	—	403	738,692
April ...	17	39,515	1	1	4	10	1	—	—	—	—	—	—	40	15,602	9	28,100	12	4,019	1	800	5	4,505	—	—	—	—	84	92,541
May*...	51	283,735	8	5	50	66	6	6	202,530	43	25	22	—/1	147	36,971	22	117,011	47	20,763	7	153,772	9	3,568	8	7,195	2	8,195	299	832,740
June ...	91	193,093	5	13	17	44	12	12	96,832	16	43	17	4/2	157	36,418	35	438,838	53	34,425	1	27,250	14	14,778	2	1,425	—	—	365	843,059
TOTAL ...	519	£1,234,460	53	77	142	266	65	55	£711,332	86	182	110	45/15	1,489	£368,102	265	£2,128,021	538	£264,966	32	£366,901	99	£89,125	30	£21,530	17	£12,422	3,044	£5,196,860

* Includes 34 4-roomed dwellings. cost £68,966, and 51 5-roomed dwellings, cost £112,459, in Virginia Housing Scheme.

The following table reflects the monthly regional distribution of plans submitted :

GEOGRAPHICAL DISTRIBUTION OF PLANS

MONTH	Old Borough	Green- wood Pk.	Syden- ham	Mayville	Umhla- tuzana	S.C. Junction	Total
1949 :							
July	145	55	39	51	26	77	393
August	115	52	23	38	12	47	287
September	119	52	16	45	15	51	298
October	139	52	22	33	39	74	359
November	126	65	25	57	18	81	372
December	100	43	22	41	24	81	311
1950 :							
January	94	45	19	28	7	56	249
February	133	54	34	50	20	78	369
March	107	50	31	38	20	74	320
April	92	46	25	35	25	149	372
May	118	34	38	64	18	67	339
June	94	46	19	36	19	68	282
TOTAL ...	1,382	594	313	516	243	903	3,951

Although the number of plans finally approved decreased slightly from 3,075 in the previous year to 3,044 in this year, the estimated value increased by £243,386. Dwelling-house plans were practically halved and, whilst the number of two- and three-room houses remained constant, those of four rooms and over decreased from 778 to 473, with a consequent drop of £1,045,770 in value. Average costs were also lower, being £2,378 as against £2,500.

Blocks of flats reflected an increase of 9 with an increase in value of £147,050 and an average of £12,933 per block as against £12,270. Greatest activity is reflected in plans submitted for stores, shops and factories, with an increase of 83 in number and £938,493 in estimated value.

It is interesting to note that over the past three years plans for dwelling houses reflect a sharp decline—1,211, 910 and 519 respectively, making a total of 2,640—whilst flats show a steady increase of 36, 46 and 55 for the same period, giving accommodation to the extent of 1,607 one- to five-room flats.

It is therefore obvious that dwelling houses in the old borough are gradually being pushed into the outer areas and supplanted by blocks of flats.

The schedule appearing on pages 53 and 54 reflects the plans finally approved and passed.

INDUSTRIAL HYGIENE.

Public Conveniences.

Conditions found at these premises during the year have been good in general, especially at those conveniences situated in suburban districts. At the Gardiner/West Streets central conveniences, difficulties in maintaining order with the European female and male vagrants has resulted in the large main waiting-room being closed for an indefinite period. This has prevented much unpleasantness during the day, but during the evenings the “soliciting” element is still able to make use of the verandah waiting-rooms. Until Government and Provincial legislation has tackled this problem of undesirables of this type, there seems little hope of alleviating this problem.

Shops and Factories.

Where conditions of cleanliness and maintenance were found faulty on these premises, personal notice was given and, if there was no improvement, letters were sent. The general response was good. Major defects have been referred to the District Inspectors concerned.

Health Education.

(1) The hotel, boarding-house and restaurant food-handling hygiene programme, consisting of a health talk, film shows and demonstrations, has gone ahead. During the year, 108 visits were made to premises in this category. Managerial response throughout has been excellent.

(2) 109 private homes were visited during February and April to popularise the Diphtheria Immunisation Drive. The response to this personal contact was encouraging.

(3) 144 Talks were arranged for the Bantu Health Assistant at approximately 48 business and factory premises in the Borough. These talks cover the subjects of Tuberculosis, Venereal Diseases, Infectious Diseases and Food-handler Hygiene.

(4) Other visits included arrangements for adult European and non-European film shows, collection of equipment, printing, etc. Also assisting in the production of a food-handler film strip for Bantu audiences.

Visits to public conveniences	327
Visits to shops and factories	118
General health education	330
Private homes visited	119
Hotels visited	108
Total number of visits and inspections	<u>1,002</u>

HEALTH EDUCATION.

Programmes of health film education have been consistently maintained throughout the year. The present programme of food-handler films and demonstrations at hotels and other food establishments should in time raise the local standard to something approaching satisfaction. It is not only the employee in these establishments but also the employer who needs health education. Constant effort on the part of the Department's health inspectional staff is required to convince employers that in order to serve “safe” food they must provide the facilities for safe handling. Given the facilities the employee then requires constant instruction, guidance and supervision as to how best to go about his job in a clean and efficient manner.

109 hotels and boarding-houses were given shows of food-handler films and strips and a food-handler demonstration. The total audiences were 2,175 Bantu, 932 Asiatic and 59 Coloureds.

A film strip called "Hand to Mouth" made by this section is of great value in this work. It has an appeal to the Bantu mind and puts over the idea that "poison" in food can be innocently introduced by the dirty, uninformed food preparer. The cost of making the strip was very small. It should be pointed out, however, that the camera used for the job did not belong to the Department and was loaned gratis. A similar film strip is being started about Tuberculosis. It is felt that the Department should possess a camera of quality and type suitable to the work. Film strips using local colour are definitely of far greater educational value amongst our non-Europeans than are any so far obtained from overseas. The lack of Government subsidy is a retarding factor to expansion in this field of health education.

New Film Strips and Films.

Four new film strips with accompanying sound discs have been procured from America. They deal with kitchen sanitation, personal hygiene and food-handling in food establishments. They are suitable for European and Coloured audiences but do not have the same appeal and educational value for the Bantu as has the locally made strip aforementioned.

"Still Waters."—This film was made in Southern Rhodesia. It tells the story of Bilharzia, the menace of undetected and untreated cases of this disease. Simple and efficacious methods for the eradication of the snail host of Schistosomiasis.

"Invisible Armour."—This is a documentary film about a Diphtheria Immunisation campaign. Its locale is a small Canadian town. The basic principles can be adapted for a similar campaign in a town in this country.

"Your Morning Milk."—This film explains the nutritive value of milk and points out the advantage and value of pasteurisation.

Municipal Barracks and Compounds.

(1) **Asiatic.**—At housing schemes and barracks 334 talks were given to 13,642 inhabitants. Ten film shows were arranged and 6,488 Asiatics attended them.

(2) **Bantu.**—At housing schemes and barracks 237 talks were given to a total audience of 52,453 inmates.

Industrial Compounds.

The total number of talks given at both Bantu and Asiatic compounds and barracks during the year was 289.

Literature.

The venereal disease pamphlet in Zulu was revised and re-issued. Food-handler cards and leaflets with cartoon illustration, by a member of the staff, have been printed and widely distributed. Distribution of literature in general is not what it should be because of high cost of printing to-day. Here again it seems fitting to stress the point that Government assistance would be most useful to the benefit of the entire community. Free health literature is of use in all sections. This Department at present makes use of free literature supplied by the Red Cross Society. The Government and other bodies could make use of stocks held by this Department if it had more money to increase the subject matter for free leaflet distribution.

HEALTH EDUCATIONAL TALKS AND FILMS.

SUBJECT	Old Borough	Greenwood Pk.	Sydenham	Mayville	Umhlatuzana	S.C. Junction	Total
Talks :							
Bilharzia	39	36	25	29	26	42	197
D.D.T.	38	16	19	27	17	22	139
Food-handler Hygiene	3,289	43	41	75	35	78	3,561
Infectious Diseases	3,526	134	122	150	142	162	4,236
Immunisation	3,434	147	142	161	145	156	4,185
Isishimuyana	23	9	11	8	9	11	71
Nutrition	42	19	29	28	15	32	165
Personal Hygiene	101	58	60	63	43	74	399
Pest Control	148	92	89	110	64	146	649
Scabies	55	26	34	43	22	45	225
Tuberculosis... ..	3,311	41	37	42	35	67	3,533
Tuberculosis X-ray	4	—	—	—	—	4	8
Venereal Diseases	3,346	22	35	—	—	—	3,403
Vi-testing	226	—	—	—	—	—	226
Worms	6	7	1	6	4	6	30
	17,588	650	645	742	557	845	21,027
Films :							
Bilharzia	5	—	—	—	2	1	8
Cleanliness brings health	18	3	3	4	3	8	39
Diphtheria	2	—	—	—	—	—	2
Food-handler Hygiene	138	1	2	4	2	12	159
Hookworm	11	1	—	2	—	4	18
Human Body	8	5	2	4	—	12	31
Infant Care	1	—	—	2	—	16	19
Isishimyana	9	1	—	2	1	8	21
Insects as Carriers of Disease	117	5	1	2	1	15	141
Kill the Louse	3	2	3	2	2	3	15
Malaria	16	2	6	4	3	12	43
Milk	—	—	1	—	—	—	1
Mother and Child	8	—	—	—	—	—	8
Mental Hygiene	4	—	—	—	—	—	4
Nutrition	12	—	1	2	—	9	24
Personal Hygiene	4	2	—	—	—	2	8
Poliomyelitis	2	—	—	—	—	—	2
Smallpox	20	1	6	—	1	14	42
Transmission of Disease	11	1	1	—	—	5	18
Tuberculosis... ..	141	4	6	6	4	21	182
Typhus	5	—	—	—	—	1	6
Venereal Diseases	20	1	—	2	2	11	36
Water	2	—	—	—	—	—	2
What is Disease	13	1	1	2	2	6	25
Yellow Fever	6	2	1	—	1	—	10
	576	32	34	38	24	160	864
Film Strips :							
Food-handler Hygiene	11	—	—	—	—	—	11

NUMBER ATTENDING HEALTH EDUCATION TALKS AND FILMS.

	European	Coloured	Native	Asiatic	Total
Old Borough	3,491	1,122	108,780	26,142	139,535
South Coast	225	9	34,756	45,202	80,192
Greenwood Park	17	1	14,943	47,936	62,897
Sydenham	—	—	10,847	46,142	56,989
Mayville	—	250	46,015	37,336	83,601
Umhlatuzana	32	—	27,670	36,538	64,240
TOTAL ...	3,765	1,382	243,011	239,296	487,454

STAFF LIST :

The establishment of the Department consists of :—

Administration :

1 City Medical Officer of Health	Gunn, Dr. G. H. (M.D., D.P.H.)
1. Deputy City Medical Officer of Health	English, Dr. G. D. (M.B., Ch.B., D.P.H., D.T.M.)
1 Assistant Medical Superintendent	Casson, Dr. M. (M.D., M.R.C.S., L.R.C.P.)
1 Administrative Officer	Boutle, R. E. (R.S.I.)
1 Assistant Administrative Officer	Thomson, A. H. (R.S.I.)
1 Chief Clerk	Tedder, H. M. (R.S.I.)
6 Senior Clerks	
13 Clerical Assistants	
2 Lady Assistants	
1 Chief Typist	
1 Senior Typist	
9 Typists	
1 Enquiry Clerk	

Non-European :

1 Indian Office Assistant
7 Indian Messengers

Epidemiology and Endemiology :

1 Assistant Medical Officer of Health	Hooper, Dr. D. H., (M.B., Ch.B., D.P.H.)
(and T.B. Officer)	
1 Radiographer (Senior)	
1 Radiographer (Junior)	
1 General Assistant	

Non-European :

5 Indian Health Assistants
1 Indian Messenger
5 Bantu Health Assistants
2 Night Watchmen (Bantu)
3 Bantu Cleaners

Health Inspection :

1 Assistant Medical Officer of Health	Vacant.
1 Chief Health Inspector	Michie, A. A. (R.S.I.) to January, 1950 : from January, 1950—Vacant.
1 Deputy Chief Health Inspector	Bawden, F. G. (R.S.I.)
8 Health Inspectors (1st Grade)	
12 Health Inspectors (2nd Grade)	
10 Health Inspectors (3rd Grade)	
8 Assistant Health Inspectors	
10 Health Assistants	
2 General Assistants	
1 Health Assistant (Female)	

Dairies and Milk :

1 Veterinary Officer	Wessels, Dr. C. C. (B.V.Sc., V.M.D.)
1 Assistant Veterinary Officer	van den Heever, Dr. L. W. (B.V.Sc.)
3 Health Inspectors	(Allocated from Health Inspectional.)
2 Lady Assistants.	

Health Visiting :

1 Chief Health Visitor	
1 Senior Health Visitor	
29 Health Visitors	
9 Clinic Assistants	

Non-European :

6 Indian Clinic Assistants
5 Indian Messengers
3 Bantu Health Visitors
1 Bantu Cleaner

Family Health Services :

1 Senior Clinical Medical Officer	Chapman, Dr. L. E. J. (M.B., Ch.B., B.Sc., D.P.H.)
1 Clinical Medical Officer	Cook, Dr. O. (M.B., B.Sc., M.R.C.S., L.R.C.P., D.P.H.)
1 Physical Culturist	

Field Hygiene :

1 Health Inspector (allocated from Inspectorate)
1 Senior Assistant Supervisor
1 Assistant Supervisor
5 General Assistants (1st Grade)
9 General Assistants (2nd Grade)
1 Assistant Chemist

Non-European :

3 Indian Sirdars
6 Indian Field Assistants
35 Indian Labourers
8 Bantu Health Assistants
29 Bantu Labourers

Non-European Health Services :

1 City Venereologist	Wallace, Dr. G. D. H. (M.D., M.R.C.S., L.R.C.P., D.P.H.)
1 Bantu Medical Officer	Dhlamini, Dr. C. N. (M.D., L.R.C.P., L.R.F.P.S.)
1 Clinical Medical Officer	McAuliffe, Dr. M. (M.B., M.R.C.S.)

Non-European :

- 1 Indian Health Assistant
- 6 Bantu Health Assistants
- 4 Bantu Clerks
- 4 Bantu Nurses (Female)
- 2 Bantu Laboratory Assistants
- 1 Bantu Clinical Assistant
- 3 Bantu Orderlies
- 1 Bantu Cleaner

Health Education :

- European staff drawn from other sections.
- 1 General Assistant

Non-European :

- 1 Indian Lecturer
- 1 Indian Health Assistant
- 1 Bantu Lecturer
- 2 Bantu Health Assistants

Infectious Diseases :

- European staff taken from other sections.

Non-European :

- 1 Indian Health Assistant.
- 2 Bantu Health Assistants

REPORT "B."**HOUSING**

Shack settlements have continued to develop throughout the period under review, in ever-increasing chaos and potential menace to public health. If not already completely out of control the position is rapidly assuming such proportions that it is of national magnitude and importance. Black belts are not only thriving in the suburban sections of the City but several large aggregations of nondescript structures, completely lacking in basic sanitation, are now developing in the peri-urban sections of Umhlatuzana/Cavendish and Newlands/Duffs Road.

Difficulties of terrain proves no obstacle to these shanty dwellers ; in fact, some of the land so far pressed into use can only be described as "goat country." Economically, it is quite useless for agricultural development.

As already stressed, these black spots present a formidable epidemic potential which is fortunately countered to an extent by intensive anti-Enteric immunisation and health educational programmes and by hot sunshine, and good rains acting as natural detergents on areas which for the most part are self-draining.

A study of the following table of shack statistics will indicate that the provision of sub-economic houses, as we have hitherto known them as alternate or replacement accommodation, is quite impracticable.

Suitable land with the necessary transport and basic sanitary and recreational facilities must be obtained to accommodate houses or structures built by the occupants themselves.

SHACKS

AREA	January, 1946	June, 1948	June, 1949	June, 1950
South Coast Junction ...	377	577	682	919
Umhlatuzana	31	145	226	237
Sydenham... ..	56	132	253	320
Mayville	4,998	5,161	5,688	6,643
Greenwood Park	31	137	175	227
Old Borough	—	119	156	211
TOTALS ...	5,493	6,271	7,180	8,557

The above figures are possibly on the conservative side. They include extensions and enlargments as well as new structures. In the larger settlements congestion is such that accurate counts of new erections are extremely difficult.

Sufficient evidence has been accumulated to substantiate the repeated warnings that the non-European housing position has assumed such proportions that, if it is not already out of control, it is rapidly heading that way. Sooner or later one or both of two phases must occur. These settlements are going to "crack-up" :—

- (a) physically, resulting in costly epidemics with the attendant threat to the citizens of Durban ;
- (b) emotionally, resulting in a repetition of the disturbances of January, 1949. With the ever-increasing shack population, it is not difficult to apprehend what could happen in this connection.

ESTIMATED SHACK POPULATION (ALL RACES).

AREA	January, 1946	June, 1948	June, 1949	June, 1950
South Coast Junction ...	1,885	2,885	3,410	4,595
Umhlatuzana	155	725	1,130	1,185
Mayville	24,990	25,805	28,440	33,215
Sydenham	280	660	1,265	1,600
Greenwood Park	155	685	875	1,135
Old Borough	—	595	780	1,055
TOTALS ...	27,465	31,355	35,900	42,785

NOTE.—The above figures are based on an average of 5 persons per shack. As many shacks are of "barrack" type and, in many instances, contain from 6 to 10 rooms, each of which is occupied by a family, it will be realised that the true population is very much higher than these computed totals.

Slum Area : Town Zones.

(a) The elimination or correction of slum premises by direct action has not been feasible. Steady improvement programmes and in many instances complete rebuilding schemes have, however, been initiated and completed.

Fluctuating financial stringencies have been offset by varying extensions of time limits imposed on improvement programmes. Recently, some uneasiness has been noted amongst property owners due to possible implications of the enactment of the Group Areas Bill.

Sub-Urban Zones.

(1) **Slum Zone 8.**—This area situated along the North Bank of the Umgeni River has remained static throughout the year. It is predominantly an Indian area.

(2) **Slum Zone 9.**—This area situated approximately behind Howard College and bordering on Westville Town Board boundaries is now rapidly developing into an essentially Native area. The need for early improvisation of basic sanitary services cannot be overstressed.

(3) **Slum Zone 10.**—Situated in the Bluff Valley, is now receiving the ever-increasing attentions of shack dwellers. Industrial development in the near vicinity renders this area the obvious choice of the labour forces employed and who are not housed in any way by their employers.

(4) **Slum Zone 11.**—Situated at South Coast Junction, is now being sewered after proclamation as an industrial area. These amenities have so enhanced the site values in the zone that the complete elimination of slum conditions is confidently anticipated.

General.

During the year under review, this Department enjoyed the full co-operation and confidence of the Natal Housing Board and the Department of Social Welfare (Letting Control), since abolished by Ministerial proclamation. Concerted action and team-work materially assisted in re-housing many distressed families of all races and also in the demolition and rebuilding of many sub-standard dwellings. Applications for Health Reports in support of priority for alternate accommodation numbered 201, thus making a total of 402 investigations and reports during the period of operation of Letting Control. Applications for sanction to demolish/convert amounted to 177.

(1) New Municipal Housing.

(a) Partly-paid Housing Schemes.

No. of Houses completed	731
No. of Houses commenced	19
No. of Houses awaiting commencement	Nil

(b) Flats for Ex-Volunteers (completed).

Umbilo Road	48
Kenneth Gardens	282
Currie Road	48
Westgate Gardens	84
Kirkwood Gardens	72
Total	554

(c) Flats for Women.

Rapson Road—completed	55
Sub-Economic (Elderly women of limited means)—	
Clayton Cottages	50

(d) Housing for Ex-Volunteers.

Woodlands Scheme :

Housing completed	300
Houses awaiting construction	100

(e) Sherwood and Virginia Estates.

Virginia Houses commenced	31
Awaiting construction	54
Sherwood	Nil

(2) Indian—Sub-Economic.

(a) Springfield Sub-Economic—completed	705
(b) Springfield Plots available for Economic Houses	Nil
(c) Cato Manor Houses completed (1 destroyed during January riots)	100
(d) Springfield (Scott-Inanda) Houses completed	72

(2a) Economic.

Cato Manor (1 destroyed during January riots)	50
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Sparks Estate.

Sub-economic completed	24
No. of Houses awaiting commencement	24
Economic completed	36

(4) Native.

Chesterville Scheme.

No. of Houses completed	1,268
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Merebank Native Men's Hostel.

Completed	4,128 beds
1 Block visiting wives	48 units
Recreation Hall	Completed but not furnished.

Magazine Barracks.

Four wood and iron blocks have been re-roofed. Macadamising of roads has continued, but all the roads have not yet been completed.

New clothes lines have been installed throughout.

MUNICIPAL NATIVE HOUSING COMPRISES THE FOLLOWING :**(1) (a) Locations for Housing Families :**

Lamont Houses completed	682
Lamont Houses under construction	93
Baumanville	120
Jacobs	64
Chesterville	1,265
Total	2,224

(b) Locations for Native Males.

Somtseu Road	4,456
Merebank	4,128
Dalton Road	1,656
Jacobs	625
Total	10,865

(c) Hostels for Native Females.

Grey Street	590
Jacobs	64
Total	654

(d) Hostels for Native Males.

Bell Street and Plymouth Road	1,154
Ordnance Road	440
Total	1,594

(2). (a) Water Supply.

	LOCATIONS			
	Lamont	Baumannville	Jacobs	Chesterville
Houses with water laid on ...	470	120	—	1,268
Houses with communal supply	212	—	64	—
No. of communal taps ...	31	—	4	—

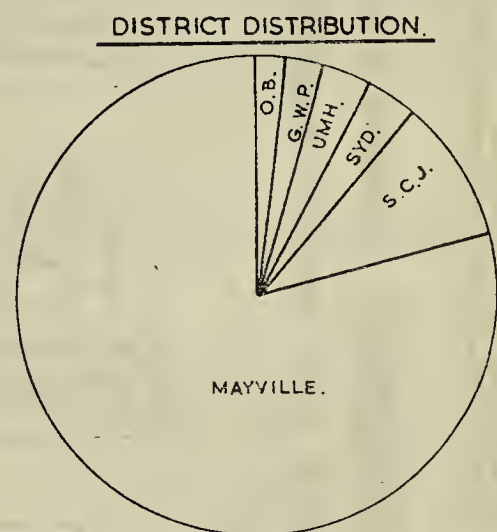
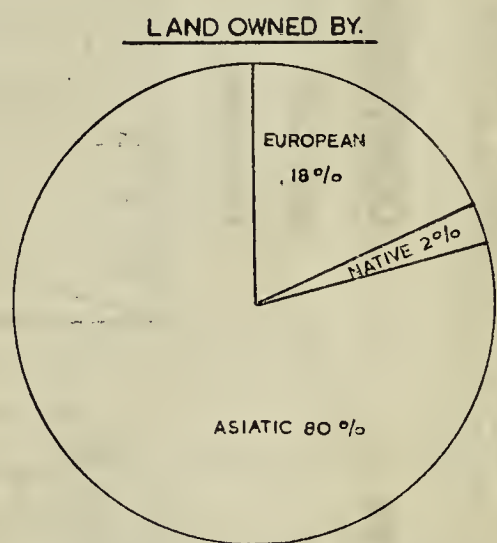
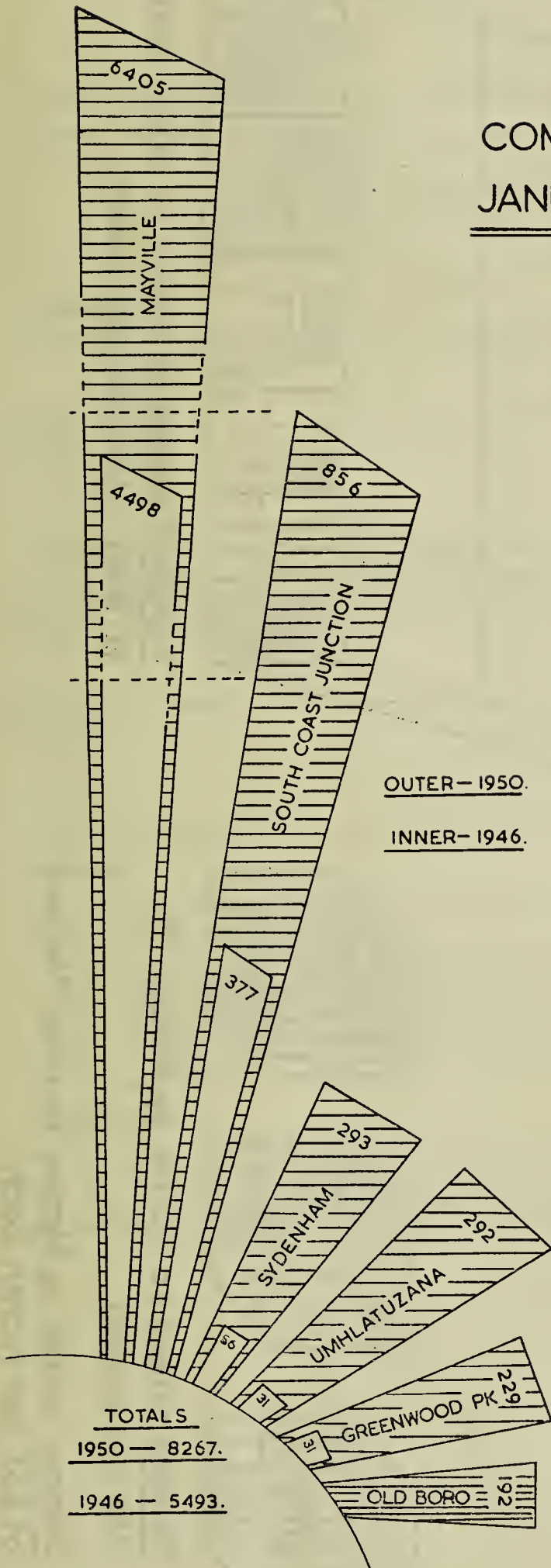
(b) Ablution, Washing and Sanitary Accommodation.

	Lamont	Baumannville	Jacobs	Chesterville
Houses with showers	470	120	—	—
Houses with bathrooms	470	—	—	1,265
Showers for males	—	—	6	—
Showers for females	—	—	6	—
Washing gullies	100	120	2	1,265
Latrines (pail)	—	—	—	—
Latrines (pit)	212	—	—	—
Latrines (waterborne)	470	120	—	1,265
Latrines (for males)	—	—	6	—
Latrines (for females)	—	—	6	—

(3). (a) Hostels for Men.

	Ordnance Road	Merebank	Somtseu Road	Dalton Road	Bell Street	Jacobs
Latrines	13	388	235	66	—	72
Urinals	—	100	13	6	—	54
Showers	9	446	216	38	—	48
Washing Areas	3	100	21	11	—	5
Water taps	9	1,082	50	50	—	58
Fireplaces	15	64	62	26	—	16
Kitchens	—	2 (large)	10	5	—	1
Kitchen taps	—	238	24	17	—	7
Dining Halls	—	4	3	2	—	1

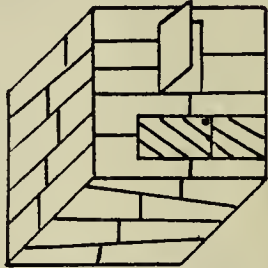
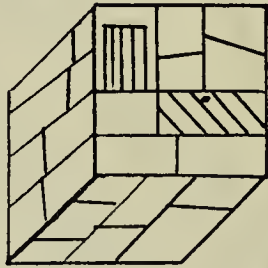
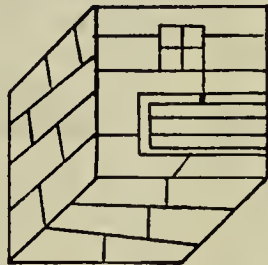
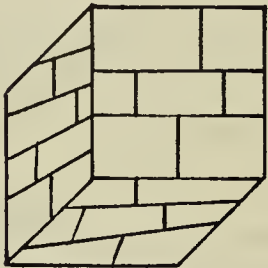
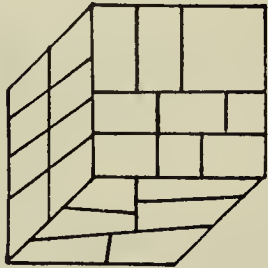
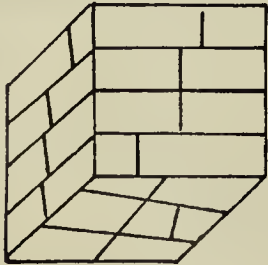
COMPARISON OF SHACK HOUSING JANUARY 1946 TO JANUARY 1950.



MODUS OPERANDI OF THE BOOTH ROAD SHACK BUILDER.

COMMENCEMENT Ground cleared.

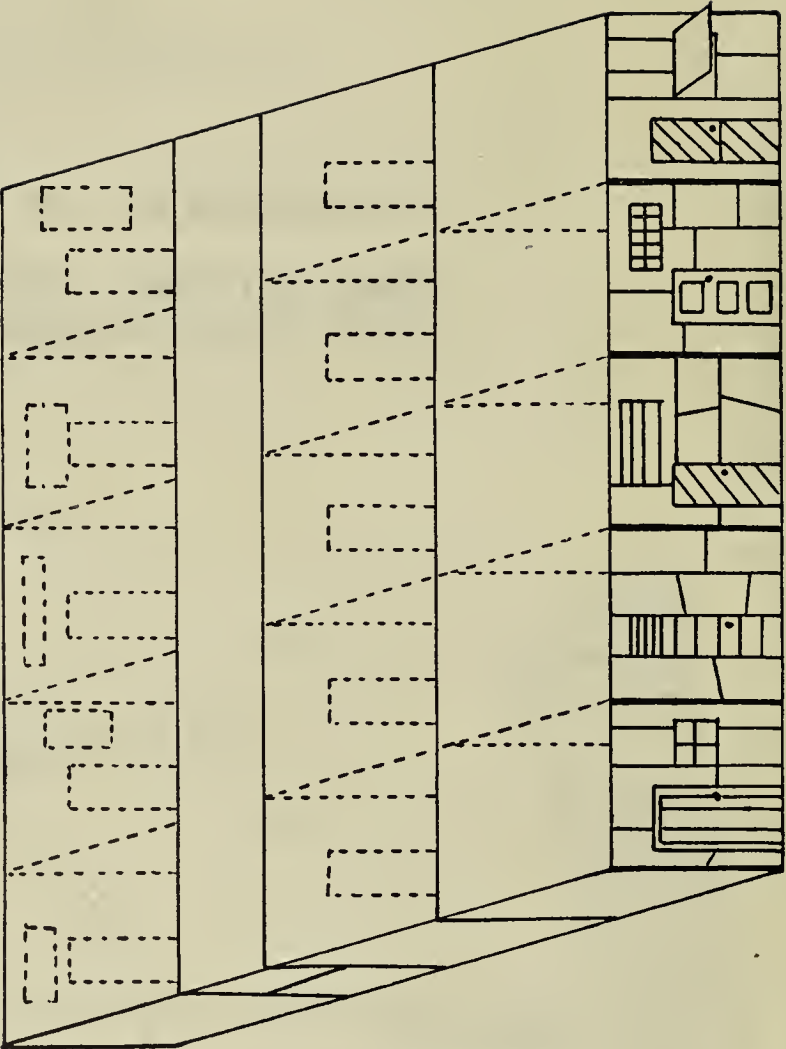
Six shacks built for six separate families.



Ground rented to Native by Asiatic at 25/- per month.

Shacks rented by Native to other Natives at 25/- per month each.

CONVERSION The six shacks converted to one shack accommodating 15 separate families.



ROOMS rented by Native to other Natives at from 5/- to 25/- per month.

(b) Hostels for Women.

	Grey Street	Jacobs
Latrines	37	5
Showers and baths	23	3
Washing areas	6	1
Water taps	42	8
Fireplaces	36	4
Kitchens	1	—
Kitchen taps	6	—
Dining Halls	1	—

Proposed Additional Accommodation.

Lamont Location	1,083 houses
(200 completed to date).	
Merebank Hostel	Nil
Somtseu Road (casuals)	968 beds
Jacobs extension	1,000 beds

SUMMARY.

	Houses	Beds	Persons
Family Housing	2,130	—	10,830
Women Housed	—	654	654
Men Housed	—	12,459	12,459
	2,130	13,113	23,943

In addition to the above, the following Native refugees were accommodated at the S. J. Smith Location and Merebank camps as at 30th June, 1950 :—

	Adults	Children	Total
S. J. Smith Location	70	116	186
Merebank	74	103	177
TOTAL	144	219	363

Conclusions.

- The provision of housing for all sections of the community, though gratifying, still falls far short of actual requirements ;
- There appears to be an ever-increasing influx of Natives into the City.
- Repercussions of the racial disturbances of January, 1949, are still being felt in some sections of the City. Amongst the Indian community, overcrowding is rife. These people, many of whom are of the market-gardener type, are reluctant to return to gardening pursuits, the result being that their whole outlook and means of living are changing with consequent deterioration of physical and mental standards.

Appreciation.

I wish to express my appreciation of the loyal services rendered by my staff.

My thanks are also conveyed to you, Sir, and to the other members of the City Council for the courtesy and assistance extended to me throughout the past year.

I have the honour to be,
 Ladies and Gentlemen,
 Your obedient servant,
 G. H. GUNN, M.D., Ch.B., D.P.H.
 City Medical Officer of Health.

